

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: ATLANTA GOLD CORPORATION OF AMERICA INC

ADDRESS: 2417 BANK DRIVE, SUITE 101  
BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA C

LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL  
ROAD

ATTN: Wm. ERNEST SIMMONS, PRESIDENT

IDG910006	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2017	02/28/2017

DMR Mailing ZIP CODE: 83705

MINOR

(SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	5	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	19 DAILY MX	deg C		Weekly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3.6	deg C		Monthly	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4.1	deg C		Monthly	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	8.1	*****	8.1	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 9	mg/L		Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	30 DAILY MX	mg/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 3				
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	18	ug/L		Monthly	Grab
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Becky Shull		TELEPHONE		DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)424-3343		03/09/2017	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

A MAXIMUM TEMPERATURE LIMIT OF 9 DEGREE C APPLIES TO THE DISCHARGE DURING PERIODS OF SALMONID SPAWNING

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External Outfall

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Discharge

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	24	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	180	ug/L		Weekly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	38881	40709	gal/d	*****	*****	*****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Record (manual)

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	10	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	19 DAILY MX	deg C		Weekly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI X				
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI X				
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.1	*****	8.1	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 9	mg/L		Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	30 DAILY MX	mg/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	22	ug/L	1	Weekly	Grab
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	18	ug/L		Monthly	Grab
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	23	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 50	ug/L		Weekly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	42858	53006	gal/d	*****	*****	*****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Record (manual)

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	9.4	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	19 DAILY MX	deg C		Weekly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4.2	deg C		Monthly	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4.6	deg C		Monthly	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.1	*****	7.2	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 5	mg/L		Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	30 DAILY MX	mg/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	123	ug/L	2	Weekly	Grab
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	16	ug/L		Monthly	Grab
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	24	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	680	ug/L		Weekly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	135662	178128	gal/d	*****	*****	*****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Record (manual)

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	13.2	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	19 DAILY MX	deg C		Weekly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	6	deg C		Monthly	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	6.3	deg C		Monthly	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.3	*****	7.4	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	11	mg/L		Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	30 DAILY MX	mg/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	807	ug/L	5	Weekly	Grab
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	29	ug/L		Monthly	Grab
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	30	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	7230	ug/L	4	Weekly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	405235	532656	gal/d	*****	*****	*****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Record (manual)

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MM/DD/YYYY	MM/DD/YYYY
06/01/2017	06/30/2017

DMR Mailing ZIP CODE: 83705

MINOR

(SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	10.1	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	19 DAILY MX	deg C		Weekly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	9.1	deg C		Monthly	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	9.9	deg C		Monthly	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.1	*****	7.4	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	5	mg/L		Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	30 DAILY MX	mg/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	409	ug/L	4	Weekly	Grab
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	16	ug/L		Monthly	Grab
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Becky Shull		TELEPHONE		DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)424-3343		07/12/2017	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

A MAXIMUM TEMPERATURE LIMIT OF 9 DEGREE C APPLIES TO THE DISCHARGE DURING PERIODS OF SALMONID SPAWNING

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: ATLANTA GOLD CORPORATION OF AMERICA INC

ADDRESS: 2417 BANK DRIVE, SUITE 101  
BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA C

LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL  
ROAD

ATTN: Wm. ERNEST SIMMONS, PRESIDENT

IDG910006

PERMIT NUMBER

001-A

DISCHARGE NUMBER

## MONITORING PERIOD

MM/DD/YYYY

06/01/2017

MM/DD/YYYY

06/30/2017

DMR Mailing ZIP CODE: 83705

MINOR

(SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE

External Outfall

No

Discharge

☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	68	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3130	ug/L	3	Weekly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	253742	431280	gal/d	*****	*****	*****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Record (manual)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Becky Shull		TELEPHONE		DATE	
				(208)424-3343		07/12/2017	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

A MAXIMUM TEMPERATURE LIMIT OF 9 DEGREE C APPLIES TO THE DISCHARGE DURING PERIODS OF SALMONID SPAWNING

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: ATLANTA GOLD CORPORATION OF AMERICA INC

ADDRESS: 2417 BANK DRIVE, SUITE 101  
BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA C

LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL  
ROAD

ATTN: Wm. ERNEST SIMMONS, PRESIDENT

IDG910006	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2017	07/31/2017

DMR Mailing ZIP CODE: 83705

MINOR

(SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	12.6	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	19 DAILY MX	deg C		Weekly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	11.1	deg C		Monthly	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	11.1	deg C		Monthly	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	7	*****	7.1	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 5	mg/L		Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	30 DAILY MX	mg/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	43	ug/L	4		
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	40	ug/L		Monthly	Grab
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

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R. David Russell/ Interim President and CEO		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)424-3343		08/15/2017	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

A MAXIMUM TEMPERATURE LIMIT OF 9 DEGREE C APPLIES TO THE DISCHARGE DURING PERIODS OF SALMONID SPAWNING

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** ATLANTA GOLD CORPORATION OF AMERICA INC**ADDRESS:** 2417 BANK DRIVE, SUITE 101  
BOISE, ID 83705**FACILITY:** ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA C**LOCATION:** 1.5 MILES SOUTH OF ATLANTA ON MINE HILL  
ROAD**ATTN:** Wm. ERNEST SIMMONS, PRESIDENT

IDG910006	001-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
07/01/2017	07/31/2017

**DMR Mailing ZIP CODE:** 83705

MINOR

(SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Arsenic, total recoverable	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	48	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	700	ug/L		Weekly	Grab
00980 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	<b>SAMPLE MEASUREMENT</b>	134817	158400	gal/d	*****	*****	*****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Record (manual)

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<b>R. David Russell/ Interim President and CEO</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		(208)424-3343	08/15/2017
<b>TYPED OR PRINTED</b>				<b>AREA Code</b>	<b>NUMBER</b>

**COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)**

A MAXIMUM TEMPERATURE LIMIT OF 9 DEGREE C APPLIES TO THE DISCHARGE DURING PERIODS OF SALMONID SPAWNING

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: ATLANTA GOLD CORPORATION OF AMERICA INC

ADDRESS: 2417 BANK DRIVE, SUITE 101  
BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA C

LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL  
ROAD

ATTN: Wm. ERNEST SIMMONS, PRESIDENT

IDG910006	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2017	08/31/2017

DMR Mailing ZIP CODE: 83705

MINOR

(SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	12.2	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	19 DAILY MX	deg C		Weekly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	12.5	deg C		Monthly	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	12.9	deg C		Monthly	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.1	*****	7.4	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 4	mg/L		Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	30 DAILY MX	mg/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	22	ug/L	3	Weekly	Grab
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	50	ug/L		Monthly	Grab
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

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TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

A MAXIMUM TEMPERATURE LIMIT OF 9 DEGREE C APPLIES TO THE DISCHARGE DURING PERIODS OF SALMONID SPAWNING

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: ATLANTA GOLD CORPORATION OF AMERICA INC

ADDRESS: 2417 BANK DRIVE, SUITE 101  
BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA (

LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL  
ROAD

ATTN: Wm. ERNEST SIMMONS, PRESIDENT

IDG910006

PERMIT NUMBER

001-A

DISCHARGE NUMBER

## MONITORING PERIOD

MM/DD/YYYY

08/01/2017

MM/DD/YYYY

08/31/2017

DMR Mailing ZIP CODE: 83705

MINOR

(SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	45	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	260	ug/L		Weekly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	102560	113083	gal/d	*****	*****	*****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Record (manual)

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				(208)424-3343		09/12/2017	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

A MAXIMUM TEMPERATURE LIMIT OF 9 DEGREE C APPLIES TO THE DISCHARGE DURING PERIODS OF SALMONID SPAWNING

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 BOISE, ID 83705

**FACILITY:** ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA C  
**LOCATION:** 1.5 MILES SOUTH OF ATLANTA ON MINE HILL  
 ROAD

ATTN: Wm. ERNEST SIMMONS, PRESIDENT

IDG910006	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2017	09/30/2017

DMR Mailing ZIP CODE: 83705

MINOR

(SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	10.6	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	19 DAILY MX	deg C		Weekly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	10.5	deg C		Monthly	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	11.1	deg C		Monthly	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.4	*****	7.5	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 4	mg/L		Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	30 DAILY MX	mg/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	7	ug/L		Weekly	Grab
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	48	ug/L		Monthly	Grab
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

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R. David Russell/ Interim President		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)424-3343		10/10/2017	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

A MAXIMUM TEMPERATURE LIMIT OF 9 DEGREE C APPLIES TO THE DISCHARGE DURING PERIODS OF SALMONID SPAWNING

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** ATLANTA GOLD CORPORATION OF AMERICA INC  
**ADDRESS:** 2417 BANK DRIVE, SUITE 101  
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**FACILITY:** ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA (C  
**LOCATION:** 1.5 MILES SOUTH OF ATLANTA ON MINE HILL  
 ROAD

ATTN: Wm. ERNEST SIMMONS, PRESIDENT

IDG910006	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2017	09/30/2017

DMR Mailing ZIP CODE: 83705

MINOR

(SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE:  
 External Outfall

No ☐  
 Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	32	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	60	ug/L		Weekly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	78518	80986	gal/d	*****	*****	*****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Record (manual)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Becky Shull		TELEPHONE	DATE
R. David Russell/ Interim President		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)424-3343	10/10/2017
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

A MAXIMUM TEMPERATURE LIMIT OF 9 DEGREE C APPLIES TO THE DISCHARGE DURING PERIODS OF SALMONID SPAWNING



## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: ATLANTA GOLD CORPORATION OF AMERICA INC

ADDRESS: 2417 BANK DRIVE, SUITE 101  
BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA C

LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL  
ROAD

ATTN: Wm. ERNEST SIMMONS, PRESIDENT

IDG910006	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2017	10/31/2017

DMR Mailing ZIP CODE: 83705

MINOR

(SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	7.1	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	19 DAILY MX	deg C		Weekly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4.6	deg C		Monthly	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	5.1	deg C		Monthly	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.6	*****	7.7	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 4	mg/L		Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	30 DAILY MX	mg/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	5	ug/L		Weekly	Grab
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	47	ug/L		Monthly	Grab
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Becky Shull		TELEPHONE		DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)424-3343		11/15/2017	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

A MAXIMUM TEMPERATURE LIMIT OF 9 DEGREE C APPLIES TO THE DISCHARGE DURING PERIODS OF SALMONID SPAWNING

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** ATLANTA GOLD CORPORATION OF AMERICA INC**ADDRESS:** 2417 BANK DRIVE, SUITE 101  
BOISE, ID 83705**FACILITY:** ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA (**LOCATION:** 1.5 MILES SOUTH OF ATLANTA ON MINE HILL  
ROAD**ATTN:** Wm. ERNEST SIMMONS, PRESIDENT

IDG910006

PERMIT NUMBER

001-A

DISCHARGE NUMBER

## MONITORING PERIOD

MM/DD/YYYY

10/01/2017

MM/DD/YYYY

10/31/2017

**DMR Mailing ZIP CODE:** 83705

MINOR

(SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE

External Outfall

No

Discharge

☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	42	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	110	ug/L		Weekly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	66686	73584	gal/d	*****	*****	*****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Record (manual)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Becky Shull		TELEPHONE		DATE	
				(208)424-3343		11/15/2017	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

A MAXIMUM TEMPERATURE LIMIT OF 9 DEGREE C APPLIES TO THE DISCHARGE DURING PERIODS OF SALMONID SPAWNING

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: ATLANTA GOLD CORPORATION OF AMERICA INC

ADDRESS: 2417 BANK DRIVE, SUITE 101  
BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA C

LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL  
ROAD

ATTN: Wm. ERNEST SIMMONS, PRESIDENT

IDG910006

PERMIT NUMBER

001-A

DISCHARGE NUMBER

## MONITORING PERIOD

MM/DD/YYYY

11/01/2017

MM/DD/YYYY

11/30/2017

DMR Mailing ZIP CODE: 83705

MINOR

(SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	6.9	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	19 DAILY MX	deg C		Weekly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4.2	deg C		Monthly	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4.2	deg C		Monthly	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.7	*****	7.8	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 4	mg/L		Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	30 DAILY MX	mg/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 5	ug/L		Weekly	Grab
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	36	ug/L		Monthly	Grab
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Becky Shull		TELEPHONE		DATE	
				(208)424-3343		12/11/2017	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

## COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

A MAXIMUM TEMPERATURE LIMIT OF 9 DEGREE C APPLIES TO THE DISCHARGE DURING PERIODS OF SALMONID SPAWNING

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** ATLANTA GOLD CORPORATION OF AMERICA INC**ADDRESS:** 2417 BANK DRIVE, SUITE 101  
BOISE, ID 83705**FACILITY:** ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA (**LOCATION:** 1.5 MILES SOUTH OF ATLANTA ON MINE HILL  
ROAD**ATTN:** Wm. ERNEST SIMMONS, PRESIDENT

IDG910006

PERMIT NUMBER

001-A

DISCHARGE NUMBER

## MONITORING PERIOD

MM/DD/YYYY

11/01/2017

MM/DD/YYYY

11/30/2017

**DMR Mailing ZIP CODE:** 83705

MINOR

(SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE

External Outfall

No

Discharge

☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	30	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 50	ug/L		Weekly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	65998	66456	gal/d	*****	*****	*****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Record (manual)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Becky Shull		TELEPHONE		DATE	
				(208)424-3343		12/11/2017	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

A MAXIMUM TEMPERATURE LIMIT OF 9 DEGREE C APPLIES TO THE DISCHARGE DURING PERIODS OF SALMONID SPAWNING

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: ATLANTA GOLD CORPORATION OF AMERICA INC

ADDRESS: 2417 BANK DRIVE, SUITE 101  
BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA C

LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL  
ROAD

ATTN: Wm. ERNEST SIMMONS, PRESIDENT

IDG910006	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2017	12/31/2017

DMR Mailing ZIP CODE: 83705

MINOR

(SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4.7	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	19 DAILY MX	deg C		Weekly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2.2	deg C		Monthly	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2.2	deg C		Monthly	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.7	*****	7.8	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 5	mg/L		Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	30 DAILY MX	mg/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	5	ug/L		Weekly	Grab
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	24	ug/L		Monthly	Grab
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Becky Shull		TELEPHONE		DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)424-3343		01/12/2018	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

A MAXIMUM TEMPERATURE LIMIT OF 9 DEGREE C APPLIES TO THE DISCHARGE DURING PERIODS OF SALMONID SPAWNING

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** ATLANTA GOLD CORPORATION OF AMERICA INC**ADDRESS:** 2417 BANK DRIVE, SUITE 101  
BOISE, ID 83705**FACILITY:** ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA (**LOCATION:** 1.5 MILES SOUTH OF ATLANTA ON MINE HILL  
ROAD**ATTN:** Wm. ERNEST SIMMONS, PRESIDENT

IDG910006

PERMIT NUMBER

001-A

DISCHARGE NUMBER

## MONITORING PERIOD

MM/DD/YYYY

12/01/2017

MM/DD/YYYY

12/31/2017

**DMR Mailing ZIP CODE:** 83705

MINOR

(SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE

External Outfall

No ☐  
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	25	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 50	ug/L		Weekly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	61138	66456	gal/d	*****	*****	*****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Record (manual)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Becky Shull		TELEPHONE		DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)424-3343		01/12/2018	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

A MAXIMUM TEMPERATURE LIMIT OF 9 DEGREE C APPLIES TO THE DISCHARGE DURING PERIODS OF SALMONID SPAWNING

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** ATLANTA GOLD CORPORATION OF AMERICA INC  
**ADDRESS:** 2417 BANK DRIVE, SUITE 101  
 BOISE, ID 83705

**FACILITY:** ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA C  
**LOCATION:** 1.5 MILES SOUTH OF ATLANTA ON MINE HILL  
 ROAD

ATTN: Wm. ERNEST SIMMONS, PRESIDENT

IDG910006	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2018	01/31/2018

DMR Mailing ZIP CODE: 83705

MINOR

(SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	5.5	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	19 DAILY MX	deg C		Weekly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.8	deg C		Monthly	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.8	deg C		Monthly	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	7.6	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 4	mg/L		Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	30 DAILY MX	mg/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	5	ug/L		Weekly	Grab
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	27	ug/L		Monthly	Grab
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER   TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Becky Shull		TELEPHONE		DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)424-3343		02/12/2018	
				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

A MAXIMUM TEMPERATURE LIMIT OF 9 DEGREE C APPLIES TO THE DISCHARGE DURING PERIODS OF SALMONID SPAWNING

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: ATLANTA GOLD CORPORATION OF AMERICA INC

ADDRESS: 2417 BANK DRIVE, SUITE 101  
BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA (

LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL  
ROAD

ATTN: Wm. ERNEST SIMMONS, PRESIDENT

IDG910006

PERMIT NUMBER

001-A

DISCHARGE NUMBER

## MONITORING PERIOD

MM/DD/YYYY

01/01/2018

MM/DD/YYYY

01/31/2018

DMR Mailing ZIP CODE: 83705

MINOR

(SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE

External Outfall

No

Discharge

☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	21	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 50	ug/L		Weekly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	56403	59587	gal/d	*****	*****	*****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Record (manual)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Becky Shull		TELEPHONE		DATE	
				(208)424-3343		02/12/2018	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

A MAXIMUM TEMPERATURE LIMIT OF 9 DEGREE C APPLIES TO THE DISCHARGE DURING PERIODS OF SALMONID SPAWNING



## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** ATLANTA GOLD CORPORATION OF AMERICA INC**ADDRESS:** 2417 BANK DRIVE, SUITE 101  
BOISE, ID 83705**FACILITY:** ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA C**LOCATION:** 1.5 MILES SOUTH OF ATLANTA ON MINE HILL  
ROAD**ATTN:** Wm. ERNEST SIMMONS, PRESIDENT

IDG910006	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2018	02/28/2018

**DMR Mailing ZIP CODE:** 83705

MINOR

(SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	6.3	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	19 DAILY MX	deg C		Weekly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2.8	deg C		Monthly	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3.2	deg C		Monthly	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.3	*****	7.4	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 4	mg/L		Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	30 DAILY MX	mg/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	11	ug/L	1	Weekly	Grab
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	23	ug/L		Monthly	Grab
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Becky Shull		TELEPHONE		DATE	
				(208)424-3343		03/15/2018	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	
TYPED OR PRINTED							

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

A MAXIMUM TEMPERATURE LIMIT OF 9 DEGREE C APPLIES TO THE DISCHARGE DURING PERIODS OF SALMONID SPAWNING

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** ATLANTA GOLD CORPORATION OF AMERICA INC**ADDRESS:** 2417 BANK DRIVE, SUITE 101  
BOISE, ID 83705**FACILITY:** ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA C**LOCATION:** 1.5 MILES SOUTH OF ATLANTA ON MINE HILL  
ROAD**ATTN:** Wm. ERNEST SIMMONS, PRESIDENT

IDG910006

PERMIT NUMBER

001-A

DISCHARGE NUMBER

## MONITORING PERIOD

MM/DD/YYYY

02/01/2018

MM/DD/YYYY

02/28/2018

**DMR Mailing ZIP CODE:** 83705

MINOR

(SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE

External Outfall

No

Discharge

☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	26	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	60	ug/L		Weekly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	59587	59587	gal/d	*****	*****	*****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Record (manual)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Becky Shull		TELEPHONE		DATE	
				(208)424-3343		03/15/2018	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

A MAXIMUM TEMPERATURE LIMIT OF 9 DEGREE C APPLIES TO THE DISCHARGE DURING PERIODS OF SALMONID SPAWNING

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** ATLANTA GOLD CORPORATION OF AMERICA INC**ADDRESS:** 2417 BANK DRIVE, SUITE 101  
BOISE, ID 83705**FACILITY:** ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA C**LOCATION:** 1.5 MILES SOUTH OF ATLANTA ON MINE HILL  
ROAD**ATTN:** Wm. ERNEST SIMMONS, PRESIDENT

IDG910006	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2018	03/31/2018

**DMR Mailing ZIP CODE:** 83705

MINOR

(SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	5	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	19 DAILY MX	deg C		Weekly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3.8	deg C		Monthly	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3.6	deg C		Monthly	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.4	*****	7.5	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 5	mg/L		Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	30 DAILY MX	mg/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	15	ug/L	1	Weekly	Grab
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	21	ug/L		Monthly	Grab
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Becky Shull		TELEPHONE		DATE	
				(208)424-3343		04/11/2018	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	
TYPED OR PRINTED							

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

A MAXIMUM TEMPERATURE LIMIT OF 9 DEGREE C APPLIES TO THE DISCHARGE DURING PERIODS OF SALMONID SPAWNING

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** ATLANTA GOLD CORPORATION OF AMERICA INC  
**ADDRESS:** 2417 BANK DRIVE, SUITE 101  
 BOISE, ID 83705

**FACILITY:** ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA (C)  
**LOCATION:** 1.5 MILES SOUTH OF ATLANTA ON MINE HILL  
 ROAD

ATTN: Wm. ERNEST SIMMONS, PRESIDENT

IDG910006	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2018	03/31/2018

DMR Mailing ZIP CODE: 83705

MINOR

(SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE

External Outfall

 No ☐  
 Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	23	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	160	ug/L		Weekly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	59760	66528	gal/d	*****	*****	*****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Record (manual)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Becky Shull		TELEPHONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)424-3343	04/11/2018
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

A MAXIMUM TEMPERATURE LIMIT OF 9 DEGREE C APPLIES TO THE DISCHARGE DURING PERIODS OF SALMONID SPAWNING

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: ATLANTA GOLD CORPORATION OF AMERICA INC

ADDRESS: 2417 BANK DRIVE, SUITE 101  
BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA C

LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL  
ROAD

ATTN: Wm. ERNEST SIMMONS, PRESIDENT

IDG910006	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2018	04/30/2018

DMR Mailing ZIP CODE: 83705

MINOR

(SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	8.3	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	19 DAILY MX	deg C		Weekly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3.2	deg C		Monthly	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3	deg C		Monthly	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	7.5	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 4	mg/L		Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	30 DAILY MX	mg/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	7	ug/L		Weekly	Grab
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	16	ug/L		Monthly	Grab
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Becky Shull		TELEPHONE		DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)424-3343		05/14/2018	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

A MAXIMUM TEMPERATURE LIMIT OF 9 DEGREE C APPLIES TO THE DISCHARGE DURING PERIODS OF SALMONID SPAWNING

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** ATLANTA GOLD CORPORATION OF AMERICA INC**ADDRESS:** 2417 BANK DRIVE, SUITE 101  
BOISE, ID 83705**FACILITY:** ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA (**LOCATION:** 1.5 MILES SOUTH OF ATLANTA ON MINE HILL  
ROAD**ATTN:** Wm. ERNEST SIMMONS, PRESIDENT

IDG910006

PERMIT NUMBER

001-A

DISCHARGE NUMBER

## MONITORING PERIOD

MM/DD/YYYY

04/01/2018

MM/DD/YYYY

04/30/2018

**DMR Mailing ZIP CODE:** 83705

MINOR

(SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE

External Outfall

No

Discharge

☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	25	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 50	ug/L		Weekly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	59809	66456	gal/d	*****	*****	*****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Record (manual)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Becky Shull		TELEPHONE		DATE	
				(208)424-3343		05/14/2018	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

A MAXIMUM TEMPERATURE LIMIT OF 9 DEGREE C APPLIES TO THE DISCHARGE DURING PERIODS OF SALMONID SPAWNING

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: ATLANTA GOLD CORPORATION OF AMERICA INC

ADDRESS: 2417 BANK DRIVE, SUITE 101  
BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA C

LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL  
ROAD

ATTN: Wm. ERNEST SIMMONS, PRESIDENT

IDG910006

PERMIT NUMBER

001-A

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

05/01/2018

MM/DD/YYYY

05/31/2018

DMR Mailing ZIP CODE: 83705

MINOR

(SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	9.4	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	19 DAILY MX	deg C		Weekly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	5.6	deg C		Monthly	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	6	deg C		Monthly	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	7.6	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 4	mg/L		Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	30 DAILY MX	mg/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	33	ug/L	3	Weekly	Grab
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	26	ug/L		Monthly	Grab
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Becky Shull		TELEPHONE		DATE	
				(208)424-3343		06/13/2018	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

A MAXIMUM TEMPERATURE LIMIT OF 9 DEGREE C APPLIES TO THE DISCHARGE DURING PERIODS OF SALMONID SPAWNING

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** ATLANTA GOLD CORPORATION OF AMERICA INC**ADDRESS:** 2417 BANK DRIVE, SUITE 101  
BOISE, ID 83705**FACILITY:** ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA (**LOCATION:** 1.5 MILES SOUTH OF ATLANTA ON MINE HILL  
ROAD**ATTN:** Wm. ERNEST SIMMONS, PRESIDENT

IDG910006

PERMIT NUMBER

001-A

DISCHARGE NUMBER

## MONITORING PERIOD

MM/DD/YYYY

05/01/2018

MM/DD/YYYY

05/31/2018

**DMR Mailing ZIP CODE:** 83705

MINOR

(SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE

External Outfall

No

Discharge

☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	27	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	250	ug/L		Weekly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	209955	300672	gal/d	*****	*****	*****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Record (manual)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Becky Shull		TELEPHONE		DATE	
				(208)424-3343		06/13/2018	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

A MAXIMUM TEMPERATURE LIMIT OF 9 DEGREE C APPLIES TO THE DISCHARGE DURING PERIODS OF SALMONID SPAWNING



## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: ATLANTA GOLD CORPORATION OF AMERICA INC

ADDRESS: 2417 BANK DRIVE, SUITE 101  
BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA C

LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL  
ROAD

ATTN: Wm. ERNEST SIMMONS, PRESIDENT

IDG910006

PERMIT NUMBER

001-A

DISCHARGE NUMBER

## MONITORING PERIOD

MM/DD/YYYY

06/01/2018

MM/DD/YYYY

06/30/2018

DMR Mailing ZIP CODE: 83705

MINOR

(SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	11.3	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	19 DAILY MX	deg C		Weekly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	8.4	deg C		Monthly	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	8.5	deg C		Monthly	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	7.6	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 4	mg/L		Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	30 DAILY MX	mg/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	6	ug/L		Weekly	Grab
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	33	ug/L		Monthly	Grab
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Becky Shull		TELEPHONE		DATE	
				(208)424-3343		07/16/2018	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

A MAXIMUM TEMPERATURE LIMIT OF 9 DEGREE C APPLIES TO THE DISCHARGE DURING PERIODS OF SALMONID SPAWNING

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** ATLANTA GOLD CORPORATION OF AMERICA INC  
**ADDRESS:** 2417 BANK DRIVE, SUITE 101  
 BOISE, ID 83705

**FACILITY:** ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA (C  
**LOCATION:** 1.5 MILES SOUTH OF ATLANTA ON MINE HILL  
 ROAD

ATTN: Wm. ERNEST SIMMONS, PRESIDENT

IDG910006	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2018	06/30/2018

DMR Mailing ZIP CODE: 83705

MINOR

(SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE  
 External Outfall

No ☐  
 Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	36	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 50	ug/L		Weekly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	133403	179669	gal/d	*****	*****	*****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Record (manual)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Becky Shull		TELEPHONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)424-3343	07/16/2018
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

A MAXIMUM TEMPERATURE LIMIT OF 9 DEGREE C APPLIES TO THE DISCHARGE DURING PERIODS OF SALMONID SPAWNING

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** ATLANTA GOLD CORPORATION OF AMERICA INC  
**ADDRESS:** 2417 BANK DRIVE, SUITE 101  
 BOISE, ID 83705

**FACILITY:** ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA C  
**LOCATION:** 1.5 MILES SOUTH OF ATLANTA ON MINE HILL  
 ROAD

ATTN: Wm. ERNEST SIMMONS, PRESIDENT

IDG910006	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2018	07/31/2018

DMR Mailing ZIP CODE: 83705

MINOR

(SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	13.7	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	19 DAILY MX	deg C		Weekly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	9.7	deg C		Monthly	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	10.8	deg C		Monthly	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	7.6	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 4	mg/L		Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	30 DAILY MX	mg/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	14	ug/L	1	Weekly	Grab
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	42	ug/L		Monthly	Grab
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER   TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Becky Shull		TELEPHONE		DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)424-3343		08/15/2018	
				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

A MAXIMUM TEMPERATURE LIMIT OF 9 DEGREE C APPLIES TO THE DISCHARGE DURING PERIODS OF SALMONID SPAWNING

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** ATLANTA GOLD CORPORATION OF AMERICA INC**ADDRESS:** 2417 BANK DRIVE, SUITE 101  
BOISE, ID 83705**FACILITY:** ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA C**LOCATION:** 1.5 MILES SOUTH OF ATLANTA ON MINE HILL  
ROAD**ATTN:** Wm. ERNEST SIMMONS, PRESIDENT

IDG910006

PERMIT NUMBER

001-A

DISCHARGE NUMBER

## MONITORING PERIOD

MM/DD/YYYY

07/01/2018

MM/DD/YYYY

07/31/2018

**DMR Mailing ZIP CODE:** 83705

MINOR

(SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	40	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	100	ug/L		Weekly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	100670	121709	gal/d	*****	*****	*****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Record (manual)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Becky Shull		TELEPHONE		DATE	
				(208)424-3343		08/15/2018	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

A MAXIMUM TEMPERATURE LIMIT OF 9 DEGREE C APPLIES TO THE DISCHARGE DURING PERIODS OF SALMONID SPAWNING

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: ATLANTA GOLD CORPORATION OF AMERICA INC

ADDRESS: 2417 BANK DRIVE, SUITE 101  
BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA C

LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL  
ROAD

ATTN: Wm. ERNEST SIMMONS, PRESIDENT

IDG910006

PERMIT NUMBER

001-A

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

08/01/2018

MM/DD/YYYY

08/31/2018

DMR Mailing ZIP CODE: 83705

MINOR

(SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	11.8	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	19 DAILY MX	deg C		Weekly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	8.4	deg C		Monthly	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	10.3	deg C		Monthly	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.6	*****	7.6	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 4	mg/L		Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	30 DAILY MX	mg/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	29	ug/L	2	Weekly	Grab
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	47	ug/L		Monthly	Grab
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Becky Shull		TELEPHONE		DATE	
				(208)424-3343		09/14/2018	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

A MAXIMUM TEMPERATURE LIMIT OF 9 DEGREE C APPLIES TO THE DISCHARGE DURING PERIODS OF SALMONID SPAWNING

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** ATLANTA GOLD CORPORATION OF AMERICA INC  
**ADDRESS:** 2417 BANK DRIVE, SUITE 101  
 BOISE, ID 83705

**FACILITY:** ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA (C  
**LOCATION:** 1.5 MILES SOUTH OF ATLANTA ON MINE HILL  
 ROAD

ATTN: Wm. ERNEST SIMMONS, PRESIDENT

IDG910006	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2018	08/31/2018

DMR Mailing ZIP CODE: 83705

MINOR

(SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE  
 External Outfall

No ☐  
 Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	39	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	220	ug/L		Weekly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	88137	88632	gal/d	*****	*****	*****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Record (manual)

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)424-3343	09/14/2018
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

A MAXIMUM TEMPERATURE LIMIT OF 9 DEGREE C APPLIES TO THE DISCHARGE DURING PERIODS OF SALMONID SPAWNING

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** ATLANTA GOLD CORPORATION OF AMERICA INC**ADDRESS:** 2417 BANK DRIVE, SUITE 101  
BOISE, ID 83705**FACILITY:** ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA C**LOCATION:** 1.5 MILES SOUTH OF ATLANTA ON MINE HILL  
ROAD**ATTN:** Wm. ERNEST SIMMONS, PRESIDENT

IDG910006

PERMIT NUMBER

001-A

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

09/01/2018

MM/DD/YYYY

09/30/2018

**DMR Mailing ZIP CODE:** 83705

MINOR

(SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	9.7	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	19 DAILY MX	deg C		Weekly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	7	deg C		Monthly	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	8.3	deg C		Monthly	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.6	*****	7.8	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	10	mg/L		Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	30 DAILY MX	mg/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	538	ug/L	4	Weekly	Grab
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	50	ug/L		Monthly	Grab
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

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TYPED OR PRINTED				(208)424-3343		11/15/2018	
			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Please note our temporary address is P.O. Box 94, Star, ID 83669

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: ATLANTA GOLD CORPORATION OF AMERICA INC

ADDRESS: 2417 BANK DRIVE, SUITE 101  
BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA (

LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL  
ROAD

ATTN: Wm. ERNEST SIMMONS, PRESIDENT

IDG910006

PERMIT NUMBER

001-A

DISCHARGE NUMBER

## MONITORING PERIOD

MM/DD/YYYY

09/01/2018

MM/DD/YYYY

09/30/2018

DMR Mailing ZIP CODE: 83705

MINOR

(SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE

External Outfall

No

Discharge

☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	45	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4440	ug/L	1	Weekly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	73584	73584	gal/d	*****	*****	*****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Record (manual)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Becky Shull		TELEPHONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)424-3343	11/15/2018
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Please note our temporary address is P.O. Box 94, Star, ID 83669



## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: ATLANTA GOLD CORPORATION OF AMERICA INC

ADDRESS: 2417 BANK DRIVE, SUITE 101  
BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA C

LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL  
ROAD

ATTN: Wm. ERNEST SIMMONS, PRESIDENT

IDG910006	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	10/31/2018

DMR Mailing ZIP CODE: 83705

MINOR

(SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	8.7	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	19 DAILY MX	deg C		Weekly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	6.3	deg C		Monthly	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	7.5	deg C		Monthly	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.8	*****	7.8	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	7	mg/L		Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	30 DAILY MX	mg/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	126	ug/L	5	Weekly	Grab
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	47	ug/L		Monthly	Grab
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Becky Shull		TELEPHONE		DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)424-3343		11/15/2018	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

A MAXIMUM TEMPERATURE LIMIT OF 9 DEGREE C APPLIES TO THE DISCHARGE DURING PERIODS OF SALMONID SPAWNING

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** ATLANTA GOLD CORPORATION OF AMERICA INC  
**ADDRESS:** 2417 BANK DRIVE, SUITE 101  
 BOISE, ID 83705

**FACILITY:** ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA (C  
**LOCATION:** 1.5 MILES SOUTH OF ATLANTA ON MINE HILL  
 ROAD

ATTN: Wm. ERNEST SIMMONS, PRESIDENT

IDG910006	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	10/31/2018

DMR Mailing ZIP CODE: 83705

MINOR

(SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	37	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2550	ug/L	1	Weekly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	71745	73584	gal/d	*****	*****	*****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Record (manual)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Becky Shull		TELEPHONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)424-3343	11/15/2018
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

A MAXIMUM TEMPERATURE LIMIT OF 9 DEGREE C APPLIES TO THE DISCHARGE DURING PERIODS OF SALMONID SPAWNING

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: ATLANTA GOLD CORPORATION OF AMERICA INC

ADDRESS: 2417 BANK DRIVE, SUITE 101  
BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA C

LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL  
ROAD

ATTN: Wm. ERNEST SIMMONS, PRESIDENT

IDG910006	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2018	11/30/2018

DMR Mailing ZIP CODE: 83705

MINOR

(SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	6.6	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	19 DAILY MX	deg C		Weekly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4.5	deg C		Monthly	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	5.2	deg C		Monthly	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.8	*****	7.9	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 4	mg/L		Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	30 DAILY MX	mg/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	14	ug/L	1	Weekly	Grab
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	37	ug/L		Monthly	Grab
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Becky Shull		TELEPHONE		DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)424-3343		12/14/2018	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

A MAXIMUM TEMPERATURE LIMIT OF 9 DEGREE C APPLIES TO THE DISCHARGE DURING PERIODS OF SALMONID SPAWNING

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: ATLANTA GOLD CORPORATION OF AMERICA INC

ADDRESS: 2417 BANK DRIVE, SUITE 101  
BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA (

LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL  
ROAD

ATTN: Wm. ERNEST SIMMONS, PRESIDENT

IDG910006

PERMIT NUMBER

001-A

DISCHARGE NUMBER

## MONITORING PERIOD

MM/DD/YYYY

11/01/2018

MM/DD/YYYY

11/30/2018

DMR Mailing ZIP CODE: 83705

MINOR

(SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	36	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	60	ug/L		Weekly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	58157	66456	gal/d	*****	*****	*****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Record (manual)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Becky Shull		TELEPHONE		DATE	
				(208)424-3343		12/14/2018	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

A MAXIMUM TEMPERATURE LIMIT OF 9 DEGREE C APPLIES TO THE DISCHARGE DURING PERIODS OF SALMONID SPAWNING

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: ATLANTA GOLD CORPORATION OF AMERICA INC

ADDRESS: 2417 BANK DRIVE, SUITE 101  
BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA C

LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL  
ROAD

ATTN: Wm. ERNEST SIMMONS, PRESIDENT

IDG910006	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2018	12/31/2018

DMR Mailing ZIP CODE: 83705

MINOR

(SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	6.6	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	19 DAILY MX	deg C		Weekly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.8	deg C		Monthly	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.6	deg C		Monthly	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.8	*****	7.9	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 5	mg/L		Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	30 DAILY MX	mg/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	7	ug/L		Weekly	Grab
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	35	ug/L		Monthly	Grab
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)424-3343		01/14/2019	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

A MAXIMUM TEMPERATURE LIMIT OF 9 DEGREE C APPLIES TO THE DISCHARGE DURING PERIODS OF SALMONID SPAWNING

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** ATLANTA GOLD CORPORATION OF AMERICA INC**ADDRESS:** 2417 BANK DRIVE, SUITE 101  
BOISE, ID 83705**FACILITY:** ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA (**LOCATION:** 1.5 MILES SOUTH OF ATLANTA ON MINE HILL  
ROAD**ATTN:** Wm. ERNEST SIMMONS, PRESIDENT

IDG910006

PERMIT NUMBER

001-A

DISCHARGE NUMBER

## MONITORING PERIOD

MM/DD/YYYY

12/01/2018

MM/DD/YYYY

12/31/2018

**DMR Mailing ZIP CODE:** 83705

MINOR

(SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE

External Outfall

No

Discharge

☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	32	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 50	ug/L		Weekly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	52194	53006	gal/d	*****	*****	*****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Record (manual)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Becky Shull		TELEPHONE		DATE	
				(208)424-3343		11/14/2019	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

A MAXIMUM TEMPERATURE LIMIT OF 9 DEGREE C APPLIES TO THE DISCHARGE DURING PERIODS OF SALMONID SPAWNING

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: ATLANTA GOLD CORPORATION OF AMERICA INC

ADDRESS: 2417 BANK DRIVE, SUITE 101  
BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA C

LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL  
ROAD

ATTN: Wm. ERNEST SIMMONS, PRESIDENT

IDG910006

PERMIT NUMBER

001-A

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

01/01/2019

MM/DD/YYYY

01/31/2019

DMR Mailing ZIP CODE: 83705

MINOR

(SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4.9	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	19 DAILY MX	deg C		Weekly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.6	deg C		Monthly	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.5	deg C		Monthly	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.8	*****	7.8	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 5	mg/L		Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	30 DAILY MX	mg/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	6	ug/L		Weekly	Grab
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	29	ug/L		Monthly	Grab
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

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				(208)424-3343		02/15/2019	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

A MAXIMUM TEMPERATURE LIMIT OF 9 DEGREE C APPLIES TO THE DISCHARGE DURING PERIODS OF SALMONID SPAWNING

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** ATLANTA GOLD CORPORATION OF AMERICA INC**ADDRESS:** 2417 BANK DRIVE, SUITE 101  
BOISE, ID 83705**FACILITY:** ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA (**LOCATION:** 1.5 MILES SOUTH OF ATLANTA ON MINE HILL  
ROAD**ATTN:** Wm. ERNEST SIMMONS, PRESIDENT

IDG910006

PERMIT NUMBER

001-A

DISCHARGE NUMBER

## MONITORING PERIOD

MM/DD/YYYY

01/01/2019

MM/DD/YYYY

01/31/2019

**DMR Mailing ZIP CODE:** 83705

MINOR

(SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE

External Outfall

No

Discharge

☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	29	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 50	ug/L		Weekly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	46656	46656	gal/d	*****	*****	*****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Record (manual)

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				(208)424-3343		02/15/2019	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

A MAXIMUM TEMPERATURE LIMIT OF 9 DEGREE C APPLIES TO THE DISCHARGE DURING PERIODS OF SALMONID SPAWNING



## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: ATLANTA GOLD CORPORATION OF AMERICA INC

ADDRESS: 2417 BANK DRIVE, SUITE 101  
BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA C

LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL  
ROAD

ATTN: Wm. ERNEST SIMMONS, PRESIDENT

IDG910006

PERMIT NUMBER

001-A

DISCHARGE NUMBER

## MONITORING PERIOD

MM/DD/YYYY

02/01/2019

MM/DD/YYYY

02/28/2019

DMR Mailing ZIP CODE: 83705

MINOR

(SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE

External Outfall

No ☐  
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	5.4	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	19 DAILY MX	deg C		Weekly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.6	deg C		Monthly	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.9	deg C		Monthly	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.3	*****	7.8	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 5	mg/L		Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	30 DAILY MX	mg/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	6	ug/L		Weekly	Grab
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	32	ug/L		Monthly	Grab
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Becky Shull		TELEPHONE		DATE	
				(208)424-3343		03/15/2019	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

see attachment

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** ATLANTA GOLD CORPORATION OF AMERICA INC**ADDRESS:** 2417 BANK DRIVE, SUITE 101  
BOISE, ID 83705**FACILITY:** ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA (**LOCATION:** 1.5 MILES SOUTH OF ATLANTA ON MINE HILL  
ROAD**ATTN:** Wm. ERNEST SIMMONS, PRESIDENT

IDG910006

PERMIT NUMBER

001-A

DISCHARGE NUMBER

## MONITORING PERIOD

MM/DD/YYYY

02/01/2019

MM/DD/YYYY

02/28/2019

**DMR Mailing ZIP CODE:** 83705

MINOR

(SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE

External Outfall

No

Discharge

☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	36	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 50	ug/L		Weekly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	46714	46714	gal/d	*****	*****	*****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Record (manual)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Becky Shull		TELEPHONE		DATE	
				(208)424-3343		03/15/2019	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

see attachment

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: ATLANTA GOLD CORPORATION OF AMERICA INC

ADDRESS: 2417 BANK DRIVE, SUITE 101  
BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA C

LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL  
ROAD

ATTN: Wm. ERNEST SIMMONS, PRESIDENT

IDG910006

PERMIT NUMBER

001-A

DISCHARGE NUMBER

## MONITORING PERIOD

MM/DD/YYYY

03/01/2019

MM/DD/YYYY

03/31/2019

DMR Mailing ZIP CODE: 83705

MINOR

(SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	5.6	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	19 DAILY MX	deg C		Weekly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4	deg C		Monthly	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4.2	deg C		Monthly	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.3	*****	7.3	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 5	mg/L		Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	30 DAILY MX	mg/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	16	ug/L	1	Weekly	Grab
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	28	ug/L		Monthly	Grab
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Becky Shull		TELEPHONE		DATE			
				(208)424-3343		04/15/2019			
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code		NUMBER		MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

A MAXIMUM TEMPERATURE LIMIT OF 9 DEGREE C APPLIES TO THE DISCHARGE DURING PERIODS OF SALMONID SPAWNING

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** ATLANTA GOLD CORPORATION OF AMERICA INC  
**ADDRESS:** 2417 BANK DRIVE, SUITE 101  
 BOISE, ID 83705

**FACILITY:** ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA (C)  
**LOCATION:** 1.5 MILES SOUTH OF ATLANTA ON MINE HILL  
 ROAD

ATTN: Wm. ERNEST SIMMONS, PRESIDENT

IDG910006	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2019	03/31/2019

DMR Mailing ZIP CODE: 83705

MINOR

(SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE:  
 External Outfall

No ☐  
 Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	32	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	100	ug/L		Weekly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	48135	53006	gal/d	*****	*****	*****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Record (manual)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Becky Shull		TELEPHONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)424-3343	04/15/2019
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

A MAXIMUM TEMPERATURE LIMIT OF 9 DEGREE C APPLIES TO THE DISCHARGE DURING PERIODS OF SALMONID SPAWNING

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: ATLANTA GOLD CORPORATION OF AMERICA INC

ADDRESS: 2417 BANK DRIVE, SUITE 101  
BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA C

LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL  
ROAD

ATTN: Wm. ERNEST SIMMONS, PRESIDENT

IDG910006	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

DMR Mailing ZIP CODE: 83705

MINOR

(SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	7.4	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	19 DAILY MX	deg C		Weekly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3.2	deg C		Monthly	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3.6	deg C		Monthly	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.3	*****	7.5	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 5	mg/L		Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	30 DAILY MX	mg/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	10	ug/L		Weekly	Grab
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	21	ug/L		Monthly	Grab
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Becky Shull		TELEPHONE		DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)424-3343		05/14/2019	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

A MAXIMUM TEMPERATURE LIMIT OF 9 DEGREE C APPLIES TO THE DISCHARGE DURING PERIODS OF SALMONID SPAWNING

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** ATLANTA GOLD CORPORATION OF AMERICA INC**ADDRESS:** 2417 BANK DRIVE, SUITE 101  
BOISE, ID 83705**FACILITY:** ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA (**LOCATION:** 1.5 MILES SOUTH OF ATLANTA ON MINE HILL  
ROAD**ATTN:** Wm. ERNEST SIMMONS, PRESIDENT

IDG910006

PERMIT NUMBER

001-A

DISCHARGE NUMBER

## MONITORING PERIOD

MM/DD/YYYY

04/01/2019

MM/DD/YYYY

04/30/2019

**DMR Mailing ZIP CODE:** 83705

MINOR

(SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE

External Outfall

No

Discharge

☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	35	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 50	ug/L		Weekly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	58490	59616	gal/d	*****	*****	*****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Record (manual)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Becky Shull		TELEPHONE		DATE	
				(208)424-3343		05/14/2019	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

A MAXIMUM TEMPERATURE LIMIT OF 9 DEGREE C APPLIES TO THE DISCHARGE DURING PERIODS OF SALMONID SPAWNING

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: ATLANTA GOLD CORPORATION OF AMERICA INC

ADDRESS: 2417 BANK DRIVE, SUITE 101  
BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA C

LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL  
ROAD

ATTN: Wm. ERNEST SIMMONS, PRESIDENT

IDG910006	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2019	05/31/2019

DMR Mailing ZIP CODE: 83705

MINOR

(SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	9.4	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	19 DAILY MX	deg C		Weekly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4.1	deg C		Monthly	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4.5	deg C		Monthly	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	7.6	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 5	mg/L		Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	30 DAILY MX	mg/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	38	ug/L	2	Weekly	Grab
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	25	ug/L		Monthly	Grab
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Becky Shull		TELEPHONE		DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)424-3343		06/14/2019	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

A MAXIMUM TEMPERATURE LIMIT OF 9 DEGREE C APPLIES TO THE DISCHARGE DURING PERIODS OF SALMONID SPAWNING

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** ATLANTA GOLD CORPORATION OF AMERICA INC**ADDRESS:** 2417 BANK DRIVE, SUITE 101  
BOISE, ID 83705**FACILITY:** ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA (**LOCATION:** 1.5 MILES SOUTH OF ATLANTA ON MINE HILL  
ROAD**ATTN:** Wm. ERNEST SIMMONS, PRESIDENT

IDG910006

PERMIT NUMBER

001-A

DISCHARGE NUMBER

## MONITORING PERIOD

MM/DD/YYYY

05/01/2019

MM/DD/YYYY

05/31/2019

**DMR Mailing ZIP CODE:** 83705

MINOR

(SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	123	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	350	ug/L		Weekly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	182927	242064	gal/d	*****	*****	*****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Record (manual)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Becky Shull		TELEPHONE		DATE	
				(208)424-3343		06/14/2019	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

A MAXIMUM TEMPERATURE LIMIT OF 9 DEGREE C APPLIES TO THE DISCHARGE DURING PERIODS OF SALMONID SPAWNING



## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: ATLANTA GOLD CORPORATION OF AMERICA INC

ADDRESS: 2417 BANK DRIVE, SUITE 101  
BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA C

LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL  
ROAD

ATTN: Wm. ERNEST SIMMONS, PRESIDENT

IDG910006

PERMIT NUMBER

001-A

DISCHARGE NUMBER

## MONITORING PERIOD

MM/DD/YYYY

06/01/2019

MM/DD/YYYY

06/30/2019

DMR Mailing ZIP CODE: 83705

MINOR

(SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	11.6	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	19 DAILY MX	deg C		Weekly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4.5	deg C		Monthly	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	5.2	deg C		Monthly	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	7.6	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 3	mg/L		Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	30 DAILY MX	mg/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	28	ug/L	3	Weekly	Grab
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	35	ug/L		Monthly	Grab
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Becky Shull		TELEPHONE		DATE	
				(208)424-3343		07/15/2019	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

A MAXIMUM TEMPERATURE LIMIT OF 9 DEGREE C APPLIES TO THE DISCHARGE DURING PERIODS OF SALMONID SPAWNING

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** ATLANTA GOLD CORPORATION OF AMERICA INC**ADDRESS:** 2417 BANK DRIVE, SUITE 101  
BOISE, ID 83705**FACILITY:** ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA (**LOCATION:** 1.5 MILES SOUTH OF ATLANTA ON MINE HILL  
ROAD**ATTN:** Wm. ERNEST SIMMONS, PRESIDENT

IDG910006

PERMIT NUMBER

001-A

DISCHARGE NUMBER

## MONITORING PERIOD

MM/DD/YYYY

06/01/2019

MM/DD/YYYY

06/30/2019

**DMR Mailing ZIP CODE:** 83705

MINOR

(SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE

External Outfall

No

Discharge

☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	60	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	150	ug/L		Weekly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	212901	242064	gal/d	*****	*****	*****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Record (manual)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Becky Shull		TELEPHONE		DATE	
				(208)424-3343		07/15/2019	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

A MAXIMUM TEMPERATURE LIMIT OF 9 DEGREE C APPLIES TO THE DISCHARGE DURING PERIODS OF SALMONID SPAWNING

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: ATLANTA GOLD CORPORATION OF AMERICA INC

ADDRESS: 2417 BANK DRIVE, SUITE 101  
BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA C

LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL  
ROAD

ATTN: Wm. ERNEST SIMMONS, PRESIDENT

IDG910006	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	07/31/2019

DMR Mailing ZIP CODE: 83705

MINOR

(SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	12.4	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	19 DAILY MX	deg C		Weekly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	7.4	deg C		Monthly	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	7.3	deg C		Monthly	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.4	*****	7.5	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3	mg/L		Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	30 DAILY MX	mg/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	34	ug/L	5	Weekly	Grab
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	51	ug/L		Monthly	Grab
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Becky Shull		TELEPHONE		DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)424-3343		08/13/2019	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

A MAXIMUM TEMPERATURE LIMIT OF 9 DEGREE C APPLIES TO THE DISCHARGE DURING PERIODS OF SALMONID SPAWNING

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** ATLANTA GOLD CORPORATION OF AMERICA INC  
**ADDRESS:** 2417 BANK DRIVE, SUITE 101  
 BOISE, ID 83705

**FACILITY:** ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA (C)  
**LOCATION:** 1.5 MILES SOUTH OF ATLANTA ON MINE HILL  
 ROAD

ATTN: Wm. ERNEST SIMMONS, PRESIDENT

IDG910006	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	07/31/2019

DMR Mailing ZIP CODE: 83705

MINOR

(SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE:  
 External Outfall

No ☐  
 Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	146	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	160	ug/L		Weekly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	120031	130565	gal/d	*****	*****	*****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Record (manual)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Becky Shull		TELEPHONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)424-3343	08/13/2019
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

A MAXIMUM TEMPERATURE LIMIT OF 9 DEGREE C APPLIES TO THE DISCHARGE DURING PERIODS OF SALMONID SPAWNING

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** ATLANTA GOLD CORPORATION OF AMERICA INC**ADDRESS:** 2417 BANK DRIVE, SUITE 101  
BOISE, ID 83705**FACILITY:** ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA C**LOCATION:** 1.5 MILES SOUTH OF ATLANTA ON MINE HILL  
ROAD**ATTN:** Wm. ERNEST SIMMONS, PRESIDENT

IDG910006	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2019	08/31/2019

**DMR Mailing ZIP CODE:** 83705

MINOR

(SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	11.2	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	19 DAILY MX	deg C		Weekly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4.2	deg C		Monthly	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	5	deg C		Monthly	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.4	*****	7.4	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 3	mg/L		Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	30 DAILY MX	mg/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	62	ug/L	4	Weekly	Grab
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	40	ug/L		Monthly	Grab
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

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				(208)424-3343		09/13/2019	
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TYPED OR PRINTED							

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

A MAXIMUM TEMPERATURE LIMIT OF 9 DEGREE C APPLIES TO THE DISCHARGE DURING PERIODS OF SALMONID SPAWNING

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** ATLANTA GOLD CORPORATION OF AMERICA INC**ADDRESS:** 2417 BANK DRIVE, SUITE 101  
BOISE, ID 83705**FACILITY:** ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA (**LOCATION:** 1.5 MILES SOUTH OF ATLANTA ON MINE HILL  
ROAD**ATTN:** Wm. ERNEST SIMMONS, PRESIDENT

IDG910006

PERMIT NUMBER

001-A

DISCHARGE NUMBER

## MONITORING PERIOD

MM/DD/YYYY

08/01/2019

MM/DD/YYYY

08/31/2019

**DMR Mailing ZIP CODE:** 83705

MINOR

(SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE

External Outfall

No

Discharge

☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	50	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	450	ug/L		Weekly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	73823	80968	gal/d	*****	*****	*****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Record (manual)

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(208)424-3343	09/13/2019
TYPED OR PRINTED			AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

A MAXIMUM TEMPERATURE LIMIT OF 9 DEGREE C APPLIES TO THE DISCHARGE DURING PERIODS OF SALMONID SPAWNING

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: ATLANTA GOLD CORPORATION OF AMERICA INC

ADDRESS: 2417 BANK DRIVE, SUITE 101  
BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA C

LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL  
ROAD

ATTN: Wm. ERNEST SIMMONS, PRESIDENT

IDG910006

PERMIT NUMBER

001-A

DISCHARGE NUMBER

## MONITORING PERIOD

MM/DD/YYYY

09/01/2019

MM/DD/YYYY

09/30/2019

DMR Mailing ZIP CODE: 83705

MINOR

(SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE

External Outfall

No ☐  
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	11.2	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	19 DAILY MX	deg C		Weekly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	8.8	deg C		Monthly	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	9.6	deg C		Monthly	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.4	*****	7.4	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 3	mg/L		Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	30 DAILY MX	mg/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	59	ug/L		Weekly	Grab
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	41	ug/L		Monthly	Grab
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

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				(208)424-3343		10/15/2019	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

A MAXIMUM TEMPERATURE LIMIT OF 9 DEGREE C APPLIES TO THE DISCHARGE DURING PERIODS OF SALMONID SPAWNING

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: ATLANTA GOLD CORPORATION OF AMERICA INC

ADDRESS: 2417 BANK DRIVE, SUITE 101  
BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA (

LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL  
ROAD

ATTN: Wm. ERNEST SIMMONS, PRESIDENT

IDG910006

PERMIT NUMBER

001-A

DISCHARGE NUMBER

## MONITORING PERIOD

MM/DD/YYYY

09/01/2019

MM/DD/YYYY

09/30/2019

DMR Mailing ZIP CODE: 83705

MINOR

(SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	49	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	440	ug/L		Weekly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	73584	73584	gal/d	*****	*****	*****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Record (manual)

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				(208)424-3343		10/15/2019	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

A MAXIMUM TEMPERATURE LIMIT OF 9 DEGREE C APPLIES TO THE DISCHARGE DURING PERIODS OF SALMONID SPAWNING



## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: ATLANTA GOLD CORPORATION OF AMERICA INC

ADDRESS: 2417 BANK DRIVE, SUITE 101  
BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA C

LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL  
ROAD

ATTN: Wm. ERNEST SIMMONS, PRESIDENT

IDG910006	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	10/31/2019

DMR Mailing ZIP CODE: 83705

MINOR

(SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	5.6	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	19 DAILY MX	deg C		Weekly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3.2	deg C		Monthly	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4.1	deg C		Monthly	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.4	*****	7.4	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 3	mg/L		Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	30 DAILY MX	mg/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	58	ug/L		Weekly	Grab
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	48	ug/L		Monthly	Grab
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Becky Shull		TELEPHONE		DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)424-3343		11/15/2019	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

A MAXIMUM TEMPERATURE LIMIT OF 9 DEGREE C APPLIES TO THE DISCHARGE DURING PERIODS OF SALMONID SPAWNING

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** ATLANTA GOLD CORPORATION OF AMERICA INC**ADDRESS:** 2417 BANK DRIVE, SUITE 101  
BOISE, ID 83705**FACILITY:** ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA C**LOCATION:** 1.5 MILES SOUTH OF ATLANTA ON MINE HILL  
ROAD**ATTN:** Wm. ERNEST SIMMONS, PRESIDENT

IDG910006

PERMIT NUMBER

001-A

DISCHARGE NUMBER

## MONITORING PERIOD

MM/DD/YYYY

10/01/2019

MM/DD/YYYY

10/31/2019

**DMR Mailing ZIP CODE:** 83705

MINOR

(SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	49	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	400	ug/L		Weekly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	73584	73584	gal/d	*****	*****	*****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Record (manual)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Becky Shull		TELEPHONE		DATE	
				(208)424-3343		11/15/2019	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

A MAXIMUM TEMPERATURE LIMIT OF 9 DEGREE C APPLIES TO THE DISCHARGE DURING PERIODS OF SALMONID SPAWNING

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: ATLANTA GOLD CORPORATION OF AMERICA INC

ADDRESS: 2417 BANK DRIVE, SUITE 101  
BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA C

LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL  
ROAD

ATTN: Wm. ERNEST SIMMONS, PRESIDENT

IDG910006

PERMIT NUMBER

001-A

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

11/01/2019

MM/DD/YYYY

11/30/2019

DMR Mailing ZIP CODE: 83705

MINOR

(SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE

External Outfall

No ☐  
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	5.8	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	19 DAILY MX	deg C		Weekly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.8	deg C		Monthly	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2.2	deg C		Monthly	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.1	*****	7.4	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 3	mg/L		Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	30 DAILY MX	mg/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	39	ug/L	2	Weekly	Grab
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	34	ug/L		Monthly	Grab
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Becky Shull		TELEPHONE		DATE	
				(208)424-3343		12/15/2019	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

A MAXIMUM TEMPERATURE LIMIT OF 9 DEGREE C APPLIES TO THE DISCHARGE DURING PERIODS OF SALMONID SPAWNING

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** ATLANTA GOLD CORPORATION OF AMERICA INC**ADDRESS:** 2417 BANK DRIVE, SUITE 101  
BOISE, ID 83705**FACILITY:** ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA (**LOCATION:** 1.5 MILES SOUTH OF ATLANTA ON MINE HILL  
ROAD**ATTN:** Wm. ERNEST SIMMONS, PRESIDENT

IDG910006	001-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
11/01/2019	11/30/2019

**DMR Mailing ZIP CODE:** 83705

MINOR

(SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Arsenic, total recoverable	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	39	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	400	ug/L		Weekly	Grab
00980 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	<b>SAMPLE MEASUREMENT</b>	67769	80986	gal/d	*****	*****	*****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Record (manual)

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Becky Shull		<b>TELEPHONE</b>	<b>DATE</b>
		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		(208)424-3343	12/15/2019
<b>TYPED OR PRINTED</b>				<b>AREA Code</b>	<b>NUMBER</b>

**COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)**

A MAXIMUM TEMPERATURE LIMIT OF 9 DEGREE C APPLIES TO THE DISCHARGE DURING PERIODS OF SALMONID SPAWNING

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: ATLANTA GOLD CORPORATION OF AMERICA INC

ADDRESS: 2417 BANK DRIVE, SUITE 101  
BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA C

LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL  
ROAD

ATTN: Wm. ERNEST SIMMONS, PRESIDENT

IDG910006	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2019	12/31/2019

DMR Mailing ZIP CODE: 83705

MINOR

(SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4.8	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	19 DAILY MX	deg C		Weekly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2.7	deg C		Monthly	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2.8	deg C		Monthly	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.6	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 3	mg/L		Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	30 DAILY MX	mg/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	14	ug/L	1	Weekly	Grab
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	32	ug/L		Monthly	Grab
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)424-3343		01/15/2020	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

A MAXIMUM TEMPERATURE LIMIT OF 9 DEGREE C APPLIES TO THE DISCHARGE DURING PERIODS OF SALMONID SPAWNING

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** ATLANTA GOLD CORPORATION OF AMERICA INC**ADDRESS:** 2417 BANK DRIVE, SUITE 101  
BOISE, ID 83705**FACILITY:** ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA (**LOCATION:** 1.5 MILES SOUTH OF ATLANTA ON MINE HILL  
ROAD**ATTN:** Wm. ERNEST SIMMONS, PRESIDENT

IDG910006

PERMIT NUMBER

001-A

DISCHARGE NUMBER

## MONITORING PERIOD

MM/DD/YYYY

12/01/2019

MM/DD/YYYY

12/31/2019

**DMR Mailing ZIP CODE:** 83705

MINOR

(SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE

External Outfall

No

Discharge

☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	28	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	120	ug/L		Weekly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	66528	66528	gal/d	*****	*****	*****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Record (manual)

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				(208)424-3343		11/15/2020	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

A MAXIMUM TEMPERATURE LIMIT OF 9 DEGREE C APPLIES TO THE DISCHARGE DURING PERIODS OF SALMONID SPAWNING

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: ATLANTA GOLD CORPORATION OF AMERICA INC

ADDRESS: 2417 BANK DRIVE, SUITE 101  
BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA C

LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL  
ROAD

ATTN: Wm. ERNEST SIMMONS, PRESIDENT

IDG910006	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	01/31/2020

DMR Mailing ZIP CODE: 83705

MINOR

(SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	5.2	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	19 DAILY MX	deg C		Weekly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2.2	deg C		Monthly	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2.5	deg C		Monthly	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.2	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 3	mg/L		Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	30 DAILY MX	mg/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	10	ug/L		Weekly	Grab
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	40	ug/L		Monthly	Grab
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Becky Shull		TELEPHONE		DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)424-3343		02/14/2020	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

A MAXIMUM TEMPERATURE LIMIT OF 9 DEGREE C APPLIES TO THE DISCHARGE DURING PERIODS OF SALMONID SPAWNING

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** ATLANTA GOLD CORPORATION OF AMERICA INC**ADDRESS:** 2417 BANK DRIVE, SUITE 101  
BOISE, ID 83705**FACILITY:** ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA (**LOCATION:** 1.5 MILES SOUTH OF ATLANTA ON MINE HILL  
ROAD**ATTN:** Wm. ERNEST SIMMONS, PRESIDENT

IDG910006

PERMIT NUMBER

001-A

DISCHARGE NUMBER

## MONITORING PERIOD

MM/DD/YYYY

01/01/2020

MM/DD/YYYY

01/31/2020

**DMR Mailing ZIP CODE:** 83705

MINOR

(SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE

External Outfall

No

Discharge

☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	43	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 50	ug/L		Weekly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	68688	73584	gal/d	*****	*****	*****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Record (manual)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Becky Shull		TELEPHONE		DATE	
				(208)424-3343		02/14/2020	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

A MAXIMUM TEMPERATURE LIMIT OF 9 DEGREE C APPLIES TO THE DISCHARGE DURING PERIODS OF SALMONID SPAWNING



## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: ATLANTA GOLD CORPORATION OF AMERICA INC

ADDRESS: 2417 BANK DRIVE, SUITE 101  
BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA C

LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL  
ROAD

ATTN: Wm. ERNEST SIMMONS, PRESIDENT

IDG910006	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2020	02/29/2020

DMR Mailing ZIP CODE: 83705

MINOR

(SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3.7	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	19 DAILY MX	deg C		Weekly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.4	deg C		Monthly	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.8	deg C		Monthly	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.2	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 3	mg/L		Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	30 DAILY MX	mg/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	13	ug/L	3	Weekly	Grab
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	27	ug/L		Monthly	Grab
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Becky Shull		TELEPHONE		DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)424-3343		03/15/2020	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

A MAXIMUM TEMPERATURE LIMIT OF 9 DEGREE C APPLIES TO THE DISCHARGE DURING PERIODS OF SALMONID SPAWNING

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** ATLANTA GOLD CORPORATION OF AMERICA INC**ADDRESS:** 2417 BANK DRIVE, SUITE 101  
BOISE, ID 83705**FACILITY:** ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA (**LOCATION:** 1.5 MILES SOUTH OF ATLANTA ON MINE HILL  
ROAD**ATTN:** Wm. ERNEST SIMMONS, PRESIDENT

IDG910006

PERMIT NUMBER

001-A

DISCHARGE NUMBER

## MONITORING PERIOD

MM/DD/YYYY

02/01/2020

MM/DD/YYYY

02/29/2020

**DMR Mailing ZIP CODE:** 83705

MINOR

(SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE

External Outfall

No

Discharge

☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	30	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	90	ug/L		Weekly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	73584	73584	gal/d	*****	*****	*****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Record (manual)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Becky Shull		TELEPHONE		DATE	
				(208)424-3343		03/15/2020	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

A MAXIMUM TEMPERATURE LIMIT OF 9 DEGREE C APPLIES TO THE DISCHARGE DURING PERIODS OF SALMONID SPAWNING

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: ATLANTA GOLD CORPORATION OF AMERICA INC

ADDRESS: 2417 BANK DRIVE, SUITE 101  
BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA C

LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL  
ROAD

ATTN: Wm. ERNEST SIMMONS, PRESIDENT

IDG910006	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2020	03/31/2020

DMR Mailing ZIP CODE: 83705

MINOR

(SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	6.2	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	19 DAILY MX	deg C		Weekly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2.5	deg C		Monthly	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2.2	deg C		Monthly	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	7	*****	7.1	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 3	mg/L		Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	30 DAILY MX	mg/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	14	ug/L	5	Weekly	Grab
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	28	ug/L		Monthly	Grab
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Becky Shull		TELEPHONE		DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)424-3343		04/21/2020	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

A MAXIMUM TEMPERATURE LIMIT OF 9 DEGREE C APPLIES TO THE DISCHARGE DURING PERIODS OF SALMONID SPAWNING

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** ATLANTA GOLD CORPORATION OF AMERICA INC**ADDRESS:** 2417 BANK DRIVE, SUITE 101  
BOISE, ID 83705**FACILITY:** ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA (**LOCATION:** 1.5 MILES SOUTH OF ATLANTA ON MINE HILL  
ROAD**ATTN:** Wm. ERNEST SIMMONS, PRESIDENT

IDG910006

PERMIT NUMBER

001-A

DISCHARGE NUMBER

## MONITORING PERIOD

MM/DD/YYYY

03/01/2020

MM/DD/YYYY

03/31/2020

**DMR Mailing ZIP CODE:** 83705

MINOR

(SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE

External Outfall

No

Discharge



PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	33	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	50	ug/L		Weekly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	71531	73584	gal/d	*****	*****	*****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Record (manual)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Becky Shull		TELEPHONE		DATE	
				(208)424-3343		04/21/2020	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

A MAXIMUM TEMPERATURE LIMIT OF 9 DEGREE C APPLIES TO THE DISCHARGE DURING PERIODS OF SALMONID SPAWNING

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: ATLANTA GOLD CORPORATION OF AMERICA INC

ADDRESS: 2417 BANK DRIVE, SUITE 101  
BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA C

LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL  
ROAD

ATTN: Wm. ERNEST SIMMONS, PRESIDENT

IDG910006

PERMIT NUMBER

001-A

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

04/01/2020

MM/DD/YYYY

04/30/2020

DMR Mailing ZIP CODE: 83705

MINOR

(SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE

External Outfall

No ☐  
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	8.9	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	19 DAILY MX	deg C		Weekly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4.3	deg C		Monthly	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4.5	deg C		Monthly	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.3	*****	7.5	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 3	mg/L		Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	30 DAILY MX	mg/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	16	ug/L			
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	19	ug/L		Monthly	Grab
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

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				(208)424-3343		05/15/2020	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

A MAXIMUM TEMPERATURE LIMIT OF 9 DEGREE C APPLIES TO THE DISCHARGE DURING PERIODS OF SALMONID SPAWNING

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** ATLANTA GOLD CORPORATION OF AMERICA INC**ADDRESS:** 2417 BANK DRIVE, SUITE 101  
BOISE, ID 83705**FACILITY:** ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA (**LOCATION:** 1.5 MILES SOUTH OF ATLANTA ON MINE HILL  
ROAD**ATTN:** Wm. ERNEST SIMMONS, PRESIDENT

IDG910006

PERMIT NUMBER

001-A

DISCHARGE NUMBER

## MONITORING PERIOD

MM/DD/YYYY

04/01/2020

MM/DD/YYYY

04/30/2020

**DMR Mailing ZIP CODE:** 83705

MINOR

(SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE

External Outfall

No

Discharge

☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	40	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 50	ug/L		Weekly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	63937	66456	gal/d	*****	*****	*****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Record (manual)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Becky Shull		TELEPHONE		DATE	
				(208)424-3343		05/15/2020	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

A MAXIMUM TEMPERATURE LIMIT OF 9 DEGREE C APPLIES TO THE DISCHARGE DURING PERIODS OF SALMONID SPAWNING

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: ATLANTA GOLD CORPORATION OF AMERICA INC

ADDRESS: 2417 BANK DRIVE, SUITE 101  
BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA C

LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL  
ROAD

ATTN: Wm. ERNEST SIMMONS, PRESIDENT

IDG910006	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2020	05/31/2020

DMR Mailing ZIP CODE: 83705

MINOR

(SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	11.4	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	19 DAILY MX	deg C		Weekly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2.4	deg C		Monthly	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3.4	deg C		Monthly	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.5	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4	mg/L		Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	30 DAILY MX	mg/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	291	ug/L	4	Weekly	Grab
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	23	ug/L		Monthly	Grab
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)424-3343		06/15/2020	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

A MAXIMUM TEMPERATURE LIMIT OF 9 DEGREE C APPLIES TO THE DISCHARGE DURING PERIODS OF SALMONID SPAWNING

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** ATLANTA GOLD CORPORATION OF AMERICA INC**ADDRESS:** 2417 BANK DRIVE, SUITE 101  
BOISE, ID 83705**FACILITY:** ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA (**LOCATION:** 1.5 MILES SOUTH OF ATLANTA ON MINE HILL  
ROAD**ATTN:** Wm. ERNEST SIMMONS, PRESIDENT

IDG910006

PERMIT NUMBER

001-A

DISCHARGE NUMBER

## MONITORING PERIOD

MM/DD/YYYY

05/01/2020

MM/DD/YYYY

05/31/2020

**DMR Mailing ZIP CODE:** 83705

MINOR

(SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE

External Outfall

No

Discharge

☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	32	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2220	ug/L	1	Weekly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	83240	148896	gal/d	*****	*****	*****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Record (manual)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Becky Shull		TELEPHONE		DATE	
				(208)424-3343		06/15/2020	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

A MAXIMUM TEMPERATURE LIMIT OF 9 DEGREE C APPLIES TO THE DISCHARGE DURING PERIODS OF SALMONID SPAWNING



## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** ATLANTA GOLD CORPORATION OF AMERICA INC**ADDRESS:** 2417 BANK DRIVE, SUITE 101  
BOISE, ID 83705**FACILITY:** ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA C**LOCATION:** 1.5 MILES SOUTH OF ATLANTA ON MINE HILL  
ROAD**ATTN:** Wm. ERNEST SIMMONS, PRESIDENT

IDG910006	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2020	06/30/2020

**DMR Mailing ZIP CODE:** 83705

MINOR

(SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	11.2	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	19 DAILY MX	deg C		Weekly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	8.8	deg C		Monthly	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	8.8	deg C		Monthly	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.5	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 6	mg/L		Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	30 DAILY MX	mg/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	440	ug/L	5	Weekly	Grab
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	26	ug/L		Monthly	Grab
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Becky Shull		TELEPHONE		DATE	
				(208)424-3343		07/15/2020	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	
TYPED OR PRINTED							

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

A MAXIMUM TEMPERATURE LIMIT OF 9 DEGREE C APPLIES TO THE DISCHARGE DURING PERIODS OF SALMONID SPAWNING

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: ATLANTA GOLD CORPORATION OF AMERICA INC

ADDRESS: 2417 BANK DRIVE, SUITE 101  
BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA C

LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL  
ROAD

ATTN: Wm. ERNEST SIMMONS, PRESIDENT

IDG910006

PERMIT NUMBER

001-A

DISCHARGE NUMBER

## MONITORING PERIOD

MM/DD/YYYY

06/01/2020

MM/DD/YYYY

06/30/2020

DMR Mailing ZIP CODE: 83705

MINOR

(SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE

External Outfall

No

Discharge

☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	25	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2590	ug/L		Weekly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	148896	148896	gal/d	*****	*****	*****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Record (manual)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Becky Shull		TELEPHONE		DATE	
				(208)424-3343		07/15/2020	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

A MAXIMUM TEMPERATURE LIMIT OF 9 DEGREE C APPLIES TO THE DISCHARGE DURING PERIODS OF SALMONID SPAWNING

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: ATLANTA GOLD CORPORATION OF AMERICA INC

ADDRESS: 2417 BANK DRIVE, SUITE 101  
BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA C

LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL  
ROAD

ATTN: Wm. ERNEST SIMMONS, PRESIDENT

IDG910006	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2020	07/31/2020

DMR Mailing ZIP CODE: 83705

MINOR

(SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	12.6	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	19 DAILY MX	deg C		Weekly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	7.5	deg C		Monthly	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	7.5	deg C		Monthly	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.5	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 5	mg/L		Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	30 DAILY MX	mg/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	191	ug/L	4	Weekly	Grab
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	35	ug/L		Monthly	Grab
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Becky Shull		TELEPHONE		DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)424-3343		08/11/2020	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

A MAXIMUM TEMPERATURE LIMIT OF 9 DEGREE C APPLIES TO THE DISCHARGE DURING PERIODS OF SALMONID SPAWNING

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** ATLANTA GOLD CORPORATION OF AMERICA INC**ADDRESS:** 2417 BANK DRIVE, SUITE 101  
BOISE, ID 83705**FACILITY:** ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA (**LOCATION:** 1.5 MILES SOUTH OF ATLANTA ON MINE HILL  
ROAD**ATTN:** Wm. ERNEST SIMMONS, PRESIDENT

IDG910006

PERMIT NUMBER

001-A

DISCHARGE NUMBER

## MONITORING PERIOD

MM/DD/YYYY

07/01/2020

MM/DD/YYYY

07/31/2020

**DMR Mailing ZIP CODE:** 83705

MINOR

(SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	135	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1070	ug/L	1	Weekly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	111976	158400	gal/d	*****	*****	*****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Record (manual)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Becky Shull		TELEPHONE		DATE	
				(208)424-3343		08/11/2020	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

A MAXIMUM TEMPERATURE LIMIT OF 9 DEGREE C APPLIES TO THE DISCHARGE DURING PERIODS OF SALMONID SPAWNING

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** ATLANTA GOLD CORPORATION OF AMERICA INC  
**ADDRESS:** 2417 BANK DRIVE, SUITE 101  
 BOISE, ID 83705

**FACILITY:** ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA C  
**LOCATION:** 1.5 MILES SOUTH OF ATLANTA ON MINE HILL  
 ROAD

ATTN: Wm. ERNEST SIMMONS, PRESIDENT

IDG910006	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2020	08/31/2020

DMR Mailing ZIP CODE: 83705

MINOR

(SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	12.9	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	19 DAILY MX	deg C		Weekly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	10.8	deg C		Monthly	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	11.1	deg C		Monthly	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.2	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 6	mg/L		Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	30 DAILY MX	mg/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	162	ug/L	5	Weekly	Grab
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	43	ug/L		Monthly	Grab
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)424-3343		09/15/2020	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

A MAXIMUM TEMPERATURE LIMIT OF 9 DEGREE C APPLIES TO THE DISCHARGE DURING PERIODS OF SALMONID SPAWNING

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** ATLANTA GOLD CORPORATION OF AMERICA INC  
**ADDRESS:** 2417 BANK DRIVE, SUITE 101  
 BOISE, ID 83705

**FACILITY:** ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA (C  
**LOCATION:** 1.5 MILES SOUTH OF ATLANTA ON MINE HILL  
 ROAD

ATTN: Wm. ERNEST SIMMONS, PRESIDENT

IDG910006	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2020	08/31/2020

DMR Mailing ZIP CODE: 83705

MINOR

(SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE  
 External Outfall

No ☐  
 Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	346	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1350	ug/L	1	Weekly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	88632	88632	gal/d	*****	*****	*****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Record (manual)

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)424-3343	09/15/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

A MAXIMUM TEMPERATURE LIMIT OF 9 DEGREE C APPLIES TO THE DISCHARGE DURING PERIODS OF SALMONID SPAWNING

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: ATLANTA GOLD CORPORATION OF AMERICA INC

ADDRESS: 2417 BANK DRIVE, SUITE 101  
BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA C

LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL  
ROAD

ATTN: Wm. ERNEST SIMMONS, PRESIDENT

IDG910006

PERMIT NUMBER

001-A

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

09/01/2020

MM/DD/YYYY

09/30/2020

DMR Mailing ZIP CODE: 83705

MINOR

(SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	9.5	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	19 DAILY MX	deg C		Weekly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	5.5	deg C		Monthly	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	6.7	deg C		Monthly	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.2	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 6	mg/L		Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	30 DAILY MX	mg/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	94	ug/L		Weekly	Grab
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	45	ug/L	2	Monthly	Grab
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

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				(208)424-3343		10/15/2020	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

A MAXIMUM TEMPERATURE LIMIT OF 9 DEGREE C APPLIES TO THE DISCHARGE DURING PERIODS OF SALMONID SPAWNING

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** ATLANTA GOLD CORPORATION OF AMERICA INC**ADDRESS:** 2417 BANK DRIVE, SUITE 101  
BOISE, ID 83705**FACILITY:** ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA C**LOCATION:** 1.5 MILES SOUTH OF ATLANTA ON MINE HILL  
ROAD**ATTN:** Wm. ERNEST SIMMONS, PRESIDENT

IDG910006

PERMIT NUMBER

001-A

DISCHARGE NUMBER

## MONITORING PERIOD

MM/DD/YYYY

09/01/2020

MM/DD/YYYY

09/30/2020

**DMR Mailing ZIP CODE:** 83705

MINOR

(SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE

External Outfall

No

Discharge

☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	331	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	690	ug/L		Weekly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	87612	88632	gal/d	*****	*****	*****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Record (manual)

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

A MAXIMUM TEMPERATURE LIMIT OF 9 DEGREE C APPLIES TO THE DISCHARGE DURING PERIODS OF SALMONID SPAWNING



## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: ATLANTA GOLD CORPORATION OF AMERICA INC

ADDRESS: 2417 BANK DRIVE, SUITE 101  
BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA C

LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL  
ROAD

ATTN: Wm. ERNEST SIMMONS, PRESIDENT

IDG910006

PERMIT NUMBER

001-A

DISCHARGE NUMBER

## MONITORING PERIOD

MM/DD/YYYY

10/01/2020

MM/DD/YYYY

10/31/2020

DMR Mailing ZIP CODE: 83705

MINOR

(SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4.8	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	19 DAILY MX	deg C		Weekly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4	deg C		Monthly	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	5.1	deg C		Monthly	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.3	*****	7.3	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 4	mg/L		Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	30 DAILY MX	mg/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	11	ug/L	1	Weekly	Grab
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	43	ug/L		Monthly	Grab
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Becky Shull		TELEPHONE		DATE	
				(208)424-3343		11/12/2020	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

A MAXIMUM TEMPERATURE LIMIT OF 9 DEGREE C APPLIES TO THE DISCHARGE DURING PERIODS OF SALMONID SPAWNING

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: ATLANTA GOLD CORPORATION OF AMERICA INC

ADDRESS: 2417 BANK DRIVE, SUITE 101  
BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA C

LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL  
ROAD

ATTN: Wm. ERNEST SIMMONS, PRESIDENT

IDG910006

PERMIT NUMBER

001-A

DISCHARGE NUMBER

## MONITORING PERIOD

MM/DD/YYYY

10/01/2020

MM/DD/YYYY

10/31/2020

DMR Mailing ZIP CODE: 83705

MINOR

(SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE

External Outfall

No

Discharge

☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	38	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	170	ug/L		Weekly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	80986	80986	gal/d	*****	*****	*****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Record (manual)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Becky Shull		TELEPHONE		DATE	
				(208)424-3343		11/12/2020	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

A MAXIMUM TEMPERATURE LIMIT OF 9 DEGREE C APPLIES TO THE DISCHARGE DURING PERIODS OF SALMONID SPAWNING

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** ATLANTA GOLD CORPORATION OF AMERICA INC**ADDRESS:** 2417 BANK DRIVE, SUITE 101  
BOISE, ID 83705**FACILITY:** ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA C**LOCATION:** 1.5 MILES SOUTH OF ATLANTA ON MINE HILL  
ROAD**ATTN:** Wm. ERNEST SIMMONS, PRESIDENT

IDG910006	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2020	11/30/2020

**DMR Mailing ZIP CODE:** 83705

MINOR

(SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	5.7	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	19 DAILY MX	deg C		Weekly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3.4	deg C		Monthly	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3.6	deg C		Monthly	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.3	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 6	mg/L		Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	30 DAILY MX	mg/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	657	ug/L	4	Weekly	Grab
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	33	ug/L		Monthly	Grab
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER   TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Becky Shull		TELEPHONE		DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)424-3343		12/15/2020	
				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

A MAXIMUM TEMPERATURE LIMIT OF 9 DEGREE C APPLIES TO THE DISCHARGE DURING PERIODS OF SALMONID SPAWNING

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: ATLANTA GOLD CORPORATION OF AMERICA INC

ADDRESS: 2417 BANK DRIVE, SUITE 101  
BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA (

LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL  
ROAD

ATTN: Wm. ERNEST SIMMONS, PRESIDENT

IDG910006

PERMIT NUMBER

001-A

DISCHARGE NUMBER

## MONITORING PERIOD

MM/DD/YYYY

11/01/2020

MM/DD/YYYY

11/30/2020

DMR Mailing ZIP CODE: 83705

MINOR

(SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE

External Outfall

No

Discharge

☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	30	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	8640	ug/L	2	Weekly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	80928	80928	gal/d	*****	*****	*****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Record (manual)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Becky Shull		TELEPHONE		DATE	
				(208)424-3343		12/15/2020	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

A MAXIMUM TEMPERATURE LIMIT OF 9 DEGREE C APPLIES TO THE DISCHARGE DURING PERIODS OF SALMONID SPAWNING

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: ATLANTA GOLD CORPORATION OF AMERICA INC

ADDRESS: 2417 BANK DRIVE, SUITE 101  
BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA C

LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL  
ROAD

ATTN: Wm. ERNEST SIMMONS, PRESIDENT

IDG910006	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2020	12/31/2020

DMR Mailing ZIP CODE: 83705

MINOR

(SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	5.4	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	19 DAILY MX	deg C		Weekly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3.9	deg C		Monthly	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4.2	deg C		Monthly	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.2	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 5	mg/L		Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	30 DAILY MX	mg/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	93	ug/L	3	Weekly	Grab
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	38	ug/L		Monthly	Grab
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Becky Shull		TELEPHONE		DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)424-3343		01/15/2021	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

A MAXIMUM TEMPERATURE LIMIT OF 9 DEGREE C APPLIES TO THE DISCHARGE DURING PERIODS OF SALMONID SPAWNING

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: ATLANTA GOLD CORPORATION OF AMERICA INC

ADDRESS: 2417 BANK DRIVE, SUITE 101  
BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA (

LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL  
ROAD

ATTN: Wm. ERNEST SIMMONS, PRESIDENT

IDG910006

PERMIT NUMBER

001-A

DISCHARGE NUMBER

## MONITORING PERIOD

MM/DD/YYYY

12/01/2020

MM/DD/YYYY

12/31/2020

DMR Mailing ZIP CODE: 83705

MINOR

(SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE

External Outfall

No

Discharge

☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	33	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1540	ug/L	1	Weekly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	80986	80986	gal/d	*****	*****	*****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Record (manual)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Becky Shull		TELEPHONE		DATE	
				(208)424-3343		11/15/2021	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

A MAXIMUM TEMPERATURE LIMIT OF 9 DEGREE C APPLIES TO THE DISCHARGE DURING PERIODS OF SALMONID SPAWNING

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: ATLANTA GOLD CORPORATION OF AMERICA INC

ADDRESS: 2417 BANK DRIVE, SUITE 101  
BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA C

LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL  
ROAD

ATTN: Wm. ERNEST SIMMONS, PRESIDENT

IDG910006	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2021	01/31/2021

DMR Mailing ZIP CODE: 83705

MINOR

(SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	5.7	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	19 DAILY MX	deg C		Weekly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2.5	deg C		Monthly	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2.5	deg C		Monthly	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.2	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	7	mg/L		Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	30 DAILY MX	mg/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	235	ug/L	4	Weekly	Grab
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	35	ug/L		Monthly	Grab
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Becky Shull		TELEPHONE		DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)424-3343		02/15/2021	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

A MAXIMUM TEMPERATURE LIMIT OF 9 DEGREE C APPLIES TO THE DISCHARGE DURING PERIODS OF SALMONID SPAWNING

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** ATLANTA GOLD CORPORATION OF AMERICA INC**ADDRESS:** 2417 BANK DRIVE, SUITE 101  
BOISE, ID 83705**FACILITY:** ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA C**LOCATION:** 1.5 MILES SOUTH OF ATLANTA ON MINE HILL  
ROAD**ATTN:** Wm. ERNEST SIMMONS, PRESIDENT

IDG910006

PERMIT NUMBER

001-A

DISCHARGE NUMBER

## MONITORING PERIOD

MM/DD/YYYY

01/01/2021

MM/DD/YYYY

01/31/2021

**DMR Mailing ZIP CODE:** 83705

MINOR

(SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	53	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3040	ug/L	4	Weekly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	80928	80928	gal/d	*****	*****	*****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Record (manual)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Becky Shull		TELEPHONE		DATE	
				(208)424-3343		02/15/2021	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

A MAXIMUM TEMPERATURE LIMIT OF 9 DEGREE C APPLIES TO THE DISCHARGE DURING PERIODS OF SALMONID SPAWNING



## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: ATLANTA GOLD CORPORATION OF AMERICA INC

ADDRESS: 2417 BANK DRIVE, SUITE 101  
BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA C

LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL  
ROAD

ATTN: Wm. ERNEST SIMMONS, PRESIDENT

IDG910006	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2021	02/28/2021

DMR Mailing ZIP CODE: 83705

MINOR

(SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3.8	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	19 DAILY MX	deg C		Weekly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3.2	deg C		Monthly	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3.1	deg C		Monthly	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.2	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	8	mg/L		Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	30 DAILY MX	mg/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	398	ug/L	3		
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	31	ug/L		Monthly	Grab
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Becky Shull		TELEPHONE		DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)424-3343		03/15/2021	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

A MAXIMUM TEMPERATURE LIMIT OF 9 DEGREE C APPLIES TO THE DISCHARGE DURING PERIODS OF SALMONID SPAWNING

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** ATLANTA GOLD CORPORATION OF AMERICA INC**ADDRESS:** 2417 BANK DRIVE, SUITE 101  
BOISE, ID 83705**FACILITY:** ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA (**LOCATION:** 1.5 MILES SOUTH OF ATLANTA ON MINE HILL  
ROAD**ATTN:** Wm. ERNEST SIMMONS, PRESIDENT

IDG910006

PERMIT NUMBER

001-A

DISCHARGE NUMBER

## MONITORING PERIOD

MM/DD/YYYY

02/01/2021

MM/DD/YYYY

02/28/2021

**DMR Mailing ZIP CODE:** 83705

MINOR

(SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE

External Outfall

No

Discharge

☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	67	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4410	ug/L	3	Weekly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	80986	80986	gal/d	*****	*****	*****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Record (manual)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Becky Shull		TELEPHONE		DATE	
				(208)424-3343		03/15/2021	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

A MAXIMUM TEMPERATURE LIMIT OF 9 DEGREE C APPLIES TO THE DISCHARGE DURING PERIODS OF SALMONID SPAWNING

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: ATLANTA GOLD CORPORATION OF AMERICA INC

ADDRESS: 2417 BANK DRIVE, SUITE 101  
BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA C

LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL  
ROAD

ATTN: Wm. ERNEST SIMMONS, PRESIDENT

IDG910006	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2021	03/31/2021

DMR Mailing ZIP CODE: 83705

MINOR

(SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	5.5	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	19 DAILY MX	deg C		Weekly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2.8	deg C		Monthly	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3.1	deg C		Monthly	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.2	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	6	mg/L		Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	30 DAILY MX	mg/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	270	ug/L	5	Weekly	Grab
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	26	ug/L		Monthly	Grab
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)424-3343		05/13/2021	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

A MAXIMUM TEMPERATURE LIMIT OF 9 DEGREE C APPLIES TO THE DISCHARGE DURING PERIODS OF SALMONID SPAWNING

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** ATLANTA GOLD CORPORATION OF AMERICA INC**ADDRESS:** 2417 BANK DRIVE, SUITE 101  
BOISE, ID 83705**FACILITY:** ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA (**LOCATION:** 1.5 MILES SOUTH OF ATLANTA ON MINE HILL  
ROAD**ATTN:** Wm. ERNEST SIMMONS, PRESIDENT

IDG910006	001-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
03/01/2021	03/31/2021

**DMR Mailing ZIP CODE:** 83705

MINOR

(SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Arsenic, total recoverable	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	85	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	3120	ug/L	5	Weekly	Grab
00980 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	<b>SAMPLE MEASUREMENT</b>	80986	80986	gal/d	*****	*****	*****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Record (manual)

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Becky Shull		<b>TELEPHONE</b>	<b>DATE</b>
		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		(208)424-3343	05/13/2021
<b>TYPED OR PRINTED</b>				<b>AREA Code</b>	<b>NUMBER</b>

**COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)**

A MAXIMUM TEMPERATURE LIMIT OF 9 DEGREE C APPLIES TO THE DISCHARGE DURING PERIODS OF SALMONID SPAWNING

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** ATLANTA GOLD CORPORATION OF AMERICA INC  
**ADDRESS:** 2417 BANK DRIVE, SUITE 101  
 BOISE, ID 83705

**FACILITY:** ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA C  
**LOCATION:** 1.5 MILES SOUTH OF ATLANTA ON MINE HILL  
 ROAD

ATTN: Wm. ERNEST SIMMONS, PRESIDENT

IDG910006	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2021	04/30/2021

DMR Mailing ZIP CODE: 83705

MINOR

(SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4.9	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	19 DAILY MX	deg C		Weekly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3.5	deg C		Monthly	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3.9	deg C		Monthly	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.2	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	7	mg/L		Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	30 DAILY MX	mg/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	239	ug/L	4	Weekly	Grab
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	31	ug/L		Monthly	Grab
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

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TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

A MAXIMUM TEMPERATURE LIMIT OF 9 DEGREE C APPLIES TO THE DISCHARGE DURING PERIODS OF SALMONID SPAWNING

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: ATLANTA GOLD CORPORATION OF AMERICA INC

ADDRESS: 2417 BANK DRIVE, SUITE 101  
BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA (

LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL  
ROAD

ATTN: Wm. ERNEST SIMMONS, PRESIDENT

IDG910006

PERMIT NUMBER

001-A

DISCHARGE NUMBER

## MONITORING PERIOD

MM/DD/YYYY

04/01/2021

MM/DD/YYYY

04/30/2021

DMR Mailing ZIP CODE: 83705

MINOR

(SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE

External Outfall

No

Discharge

☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	74	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3070	ug/L	4	Weekly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	80928	80928	gal/d	*****	*****	*****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Record (manual)

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				(208)424-3343		05/13/2021	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

A MAXIMUM TEMPERATURE LIMIT OF 9 DEGREE C APPLIES TO THE DISCHARGE DURING PERIODS OF SALMONID SPAWNING

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: ATLANTA GOLD CORPORATION OF AMERICA INC

ADDRESS: 2417 BANK DRIVE, SUITE 101  
BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA C

LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL  
ROAD

ATTN: Wm. ERNEST SIMMONS, PRESIDENT

IDG910006	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2021	05/31/2021

DMR Mailing ZIP CODE: 83705

MINOR

(SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4.4	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	19 DAILY MX	deg C		Weekly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3.7	deg C		Monthly	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3.5	deg C		Monthly	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.3	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 4	mg/L		Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	30 DAILY MX	mg/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	107	ug/L	4	Weekly	Grab
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	28	ug/L		Monthly	Grab
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Becky Shull		TELEPHONE		DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)424-3343		06/15/2021	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

A MAXIMUM TEMPERATURE LIMIT OF 9 DEGREE C APPLIES TO THE DISCHARGE DURING PERIODS OF SALMONID SPAWNING

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** ATLANTA GOLD CORPORATION OF AMERICA INC**ADDRESS:** 2417 BANK DRIVE, SUITE 101  
BOISE, ID 83705**FACILITY:** ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA (**LOCATION:** 1.5 MILES SOUTH OF ATLANTA ON MINE HILL  
ROAD**ATTN:** Wm. ERNEST SIMMONS, PRESIDENT

IDG910006

PERMIT NUMBER

001-A

DISCHARGE NUMBER

## MONITORING PERIOD

MM/DD/YYYY

05/01/2021

MM/DD/YYYY

05/31/2021

**DMR Mailing ZIP CODE:** 83705

MINOR

(SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE

External Outfall

No

Discharge

☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	38	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1150	ug/L	1	Weekly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	86989	96538	gal/d	*****	*****	*****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Record (manual)

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				(208)424-3343		06/15/2021	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

A MAXIMUM TEMPERATURE LIMIT OF 9 DEGREE C APPLIES TO THE DISCHARGE DURING PERIODS OF SALMONID SPAWNING



## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** ATLANTA GOLD CORPORATION OF AMERICA INC**ADDRESS:** 2417 BANK DRIVE, SUITE 101  
BOISE, ID 83705**FACILITY:** ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA C**LOCATION:** 1.5 MILES SOUTH OF ATLANTA ON MINE HILL  
ROAD**ATTN:** Wm. ERNEST SIMMONS, PRESIDENT

IDG910006	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2021	06/30/2021

**DMR Mailing ZIP CODE:** 83705

MINOR

(SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	10	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	19 DAILY MX	deg C		Weekly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4.6	deg C		Monthly	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4.8	deg C		Monthly	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.3	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	9	mg/L		Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	30 DAILY MX	mg/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	410	ug/L	5	Weekly	Grab
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	27	ug/L		Monthly	Grab
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER   TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Becky Shull		TELEPHONE		DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)424-3343		07/15/2021	
				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

A MAXIMUM TEMPERATURE LIMIT OF 9 DEGREE C APPLIES TO THE DISCHARGE DURING PERIODS OF SALMONID SPAWNING

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** ATLANTA GOLD CORPORATION OF AMERICA INC**ADDRESS:** 2417 BANK DRIVE, SUITE 101  
BOISE, ID 83705**FACILITY:** ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA (**LOCATION:** 1.5 MILES SOUTH OF ATLANTA ON MINE HILL  
ROAD**ATTN:** Wm. ERNEST SIMMONS, PRESIDENT

IDG910006

PERMIT NUMBER

001-A

DISCHARGE NUMBER

## MONITORING PERIOD

MM/DD/YYYY

06/01/2021

MM/DD/YYYY

06/30/2021

**DMR Mailing ZIP CODE:** 83705

MINOR

(SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE

External Outfall

No

Discharge

☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	110	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3640	ug/L		Weekly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	125389	130565	gal/d	*****	*****	*****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Record (manual)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Becky Shull		TELEPHONE		DATE	
				(208)424-3343		07/15/2021	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

A MAXIMUM TEMPERATURE LIMIT OF 9 DEGREE C APPLIES TO THE DISCHARGE DURING PERIODS OF SALMONID SPAWNING

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** ATLANTA GOLD CORPORATION OF AMERICA INC**ADDRESS:** 2417 BANK DRIVE, SUITE 101  
BOISE, ID 83705**FACILITY:** ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA C**LOCATION:** 1.5 MILES SOUTH OF ATLANTA ON MINE HILL  
ROAD**ATTN:** Wm. ERNEST SIMMONS, PRESIDENT

IDG910006

PERMIT NUMBER

001-A

DISCHARGE NUMBER

## MONITORING PERIOD

MM/DD/YYYY

07/01/2021

MM/DD/YYYY

07/31/2021

**DMR Mailing ZIP CODE:** 83705

MINOR

(SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE

External Outfall

No ☐  
Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4.8	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	19 DAILY MX	deg C		Weekly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4.1	deg C		Monthly	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4.2	deg C		Monthly	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.1	*****	7.2	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 4	mg/L		Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	30 DAILY MX	mg/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	73	ug/L	4	Weekly	Grab
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	39	ug/L		Monthly	Grab
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Becky Shull		TELEPHONE		DATE			
				(208)424-3343		08/15/2021			
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code		NUMBER		MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

A MAXIMUM TEMPERATURE LIMIT OF 9 DEGREE C APPLIES TO THE DISCHARGE DURING PERIODS OF SALMONID SPAWNING

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: ATLANTA GOLD CORPORATION OF AMERICA INC

ADDRESS: 2417 BANK DRIVE, SUITE 101  
BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA C

LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL  
ROAD

ATTN: Wm. ERNEST SIMMONS, PRESIDENT

IDG910006	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2021	07/31/2021

DMR Mailing ZIP CODE: 83705

MINOR

(SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	61	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1670	ug/L	3	Weekly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	110728	130565	gal/d	*****	*****	*****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Record (manual)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Becky Shull		TELEPHONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)424-3343	08/15/2021
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

A MAXIMUM TEMPERATURE LIMIT OF 9 DEGREE C APPLIES TO THE DISCHARGE DURING PERIODS OF SALMONID SPAWNING

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** ATLANTA GOLD CORPORATION OF AMERICA INC  
**ADDRESS:** 2417 BANK DRIVE, SUITE 101  
 BOISE, ID 83705

**FACILITY:** ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA C  
**LOCATION:** 1.5 MILES SOUTH OF ATLANTA ON MINE HILL  
 ROAD

ATTN: Wm. ERNEST SIMMONS, PRESIDENT

IDG910006	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2021	08/31/2021

DMR Mailing ZIP CODE: 83705

MINOR

(SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	5.1	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	19 DAILY MX	deg C		Weekly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4.3	deg C		Monthly	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4.4	deg C		Monthly	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.1	*****	7.1	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 4	mg/L		Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	30 DAILY MX	mg/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	32	ug/L	5	Weekly	Grab
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	47	ug/L		Monthly	Grab
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

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TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

A MAXIMUM TEMPERATURE LIMIT OF 9 DEGREE C APPLIES TO THE DISCHARGE DURING PERIODS OF SALMONID SPAWNING

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** ATLANTA GOLD CORPORATION OF AMERICA INC  
**ADDRESS:** 2417 BANK DRIVE, SUITE 101  
 BOISE, ID 83705

**FACILITY:** ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA (C  
**LOCATION:** 1.5 MILES SOUTH OF ATLANTA ON MINE HILL  
 ROAD

ATTN: Wm. ERNEST SIMMONS, PRESIDENT

IDG910006	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2021	08/31/2021

DMR Mailing ZIP CODE: 83705

MINOR

(SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE  
 External Outfall

No ☐  
 Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	51	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	860	ug/L		Weekly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	113083	113083	gal/d	*****	*****	*****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Record (manual)

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)424-3343	09/15/2021
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

A MAXIMUM TEMPERATURE LIMIT OF 9 DEGREE C APPLIES TO THE DISCHARGE DURING PERIODS OF SALMONID SPAWNING

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** ATLANTA GOLD CORPORATION OF AMERICA INC**ADDRESS:** 2417 BANK DRIVE, SUITE 101  
BOISE, ID 83705**FACILITY:** ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA C**LOCATION:** 1.5 MILES SOUTH OF ATLANTA ON MINE HILL  
ROAD**ATTN:** Wm. ERNEST SIMMONS, PRESIDENT

IDG910006	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2021	09/30/2021

**DMR Mailing ZIP CODE:** 83705

MINOR

(SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	7	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	19 DAILY MX	deg C		Weekly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	9.3	deg C		Monthly	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	10.1	deg C		Monthly	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.2	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4	mg/L		Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	30 DAILY MX	mg/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	269	ug/L	4	Weekly	Grab
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	38	ug/L		Monthly	Grab
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	
TYPED OR PRINTED							

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A MAXIMUM TEMPERATURE LIMIT OF 9 DEGREE C APPLIES TO THE DISCHARGE DURING PERIODS OF SALMONID SPAWNING

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: ATLANTA GOLD CORPORATION OF AMERICA INC

ADDRESS: 2417 BANK DRIVE, SUITE 101  
BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA (

LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL  
ROAD

ATTN: Wm. ERNEST SIMMONS, PRESIDENT

IDG910006

PERMIT NUMBER

001-A

DISCHARGE NUMBER

## MONITORING PERIOD

MM/DD/YYYY

09/01/2021

MM/DD/YYYY

09/30/2021

DMR Mailing ZIP CODE: 83705

MINOR

(SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE

External Outfall

No

Discharge

☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	108	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1639	ug/L	3	Weekly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	78636	113083	gal/d	*****	*****	*****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Record (manual)

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				(208)424-3343		10/15/2021	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

A MAXIMUM TEMPERATURE LIMIT OF 9 DEGREE C APPLIES TO THE DISCHARGE DURING PERIODS OF SALMONID SPAWNING



## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** ATLANTA GOLD CORPORATION OF AMERICA INC  
**ADDRESS:** 2417 BANK DRIVE, SUITE 101  
 BOISE, ID 83705

**FACILITY:** ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA C  
**LOCATION:** 1.5 MILES SOUTH OF ATLANTA ON MINE HILL  
 ROAD

ATTN: Wm. ERNEST SIMMONS, PRESIDENT

IDG910006	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2021	10/31/2021

DMR Mailing ZIP CODE: 83705

MINOR

(SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	9.9	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	19 DAILY MX	deg C		Weekly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	7	deg C		Monthly	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	9.1	deg C		Monthly	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.1	*****	7.1	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	25	mg/L		Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	30 DAILY MX	mg/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1270	ug/L	3	Weekly	Grab
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	41	ug/L		Monthly	Grab
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Becky Shull		TELEPHONE		DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)424-3343		11/15/2021	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

A MAXIMUM TEMPERATURE LIMIT OF 9 DEGREE C APPLIES TO THE DISCHARGE DURING PERIODS OF SALMONID SPAWNING

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** ATLANTA GOLD CORPORATION OF AMERICA INC**ADDRESS:** 2417 BANK DRIVE, SUITE 101  
BOISE, ID 83705**FACILITY:** ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA (**LOCATION:** 1.5 MILES SOUTH OF ATLANTA ON MINE HILL  
ROAD**ATTN:** Wm. ERNEST SIMMONS, PRESIDENT

IDG910006

PERMIT NUMBER

001-A

DISCHARGE NUMBER

## MONITORING PERIOD

MM/DD/YYYY

10/01/2021

MM/DD/YYYY

10/31/2021

**DMR Mailing ZIP CODE:** 83705

MINOR

(SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE

External Outfall

No

Discharge

☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	123	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	9910	ug/L		Weekly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	53006	53006	gal/d	*****	*****	*****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Record (manual)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Becky Shull		TELEPHONE		DATE	
				(208)424-3343		11/15/2021	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

A MAXIMUM TEMPERATURE LIMIT OF 9 DEGREE C APPLIES TO THE DISCHARGE DURING PERIODS OF SALMONID SPAWNING

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** ATLANTA GOLD CORPORATION OF AMERICA INC**ADDRESS:** 2417 BANK DRIVE, SUITE 101  
BOISE, ID 83705**FACILITY:** ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA C**LOCATION:** 1.5 MILES SOUTH OF ATLANTA ON MINE HILL  
ROAD**ATTN:** Wm. ERNEST SIMMONS, PRESIDENT

IDG910006	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2021	11/30/2021

**DMR Mailing ZIP CODE:** 83705

MINOR

(SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	8.2	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	19 DAILY MX	deg C		Weekly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4.5	deg C		Monthly	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4.9	deg C		Monthly	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.1	*****	7.2	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	9	mg/L		Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	30 DAILY MX	mg/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	437	ug/L	5	Weekly	Grab
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	45	ug/L		Monthly	Grab
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Becky Shull		TELEPHONE		DATE	
				(208)424-3343		12/15/2021	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	
TYPED OR PRINTED							

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

A MAXIMUM TEMPERATURE LIMIT OF 9 DEGREE C APPLIES TO THE DISCHARGE DURING PERIODS OF SALMONID SPAWNING

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** ATLANTA GOLD CORPORATION OF AMERICA INC  
**ADDRESS:** 2417 BANK DRIVE, SUITE 101  
 BOISE, ID 83705

**FACILITY:** ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA (C)  
**LOCATION:** 1.5 MILES SOUTH OF ATLANTA ON MINE HILL  
 ROAD

ATTN: Wm. ERNEST SIMMONS, PRESIDENT

IDG910006	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2021	11/30/2021

DMR Mailing ZIP CODE: 83705

MINOR

(SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE:  
 External Outfall

No ☐  
 Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	66	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3790	ug/L	2	Weekly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	50118	53006	gal/d	*****	*****	*****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Record (manual)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Becky Shull		TELEPHONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)424-3343	12/15/2021
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

A MAXIMUM TEMPERATURE LIMIT OF 9 DEGREE C APPLIES TO THE DISCHARGE DURING PERIODS OF SALMONID SPAWNING

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** ATLANTA GOLD CORPORATION OF AMERICA INC  
**ADDRESS:** 2417 BANK DRIVE, SUITE 101  
 BOISE, ID 83705

**FACILITY:** ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA C  
**LOCATION:** 1.5 MILES SOUTH OF ATLANTA ON MINE HILL  
 ROAD

ATTN: Wm. ERNEST SIMMONS, PRESIDENT

IDG910006	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2021	12/31/2021

DMR Mailing ZIP CODE: 83705

MINOR

(SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3.7	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	19 DAILY MX	deg C		Weekly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.5	deg C		Monthly	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2.3	deg C		Monthly	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.2	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 4	mg/L		Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	30 DAILY MX	mg/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	7	ug/L		Weekly	Grab
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	28	ug/L		Monthly	Grab
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)424-3343		01/14/2022	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

A MAXIMUM TEMPERATURE LIMIT OF 9 DEGREE C APPLIES TO THE DISCHARGE DURING PERIODS OF SALMONID SPAWNING

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** ATLANTA GOLD CORPORATION OF AMERICA INC**ADDRESS:** 2417 BANK DRIVE, SUITE 101  
BOISE, ID 83705**FACILITY:** ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA C**LOCATION:** 1.5 MILES SOUTH OF ATLANTA ON MINE HILL  
ROAD**ATTN:** Wm. ERNEST SIMMONS, PRESIDENT

IDG910006

PERMIT NUMBER

001-A

DISCHARGE NUMBER

## MONITORING PERIOD

MM/DD/YYYY

12/01/2021

MM/DD/YYYY

12/31/2021

**DMR Mailing ZIP CODE:** 83705

MINOR

(SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE

External Outfall

No

Discharge

☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	73	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	70	ug/L		Weekly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	40709	40709	gal/d	*****	*****	*****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Record (manual)

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(208)424-3343	01/14/2022
TYPED OR PRINTED			AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

A MAXIMUM TEMPERATURE LIMIT OF 9 DEGREE C APPLIES TO THE DISCHARGE DURING PERIODS OF SALMONID SPAWNING

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: ATLANTA GOLD CORPORATION OF AMERICA INC

ADDRESS: 2417 BANK DRIVE, SUITE 101  
BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA C

LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL  
ROAD

ATTN: Wm. ERNEST SIMMONS, PRESIDENT

IDG910006	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2022	01/31/2022

DMR Mailing ZIP CODE: 83705

MINOR

(SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3.7	deg C		Weekly	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	19 DAILY MX	deg C		Weekly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.8	deg C		Monthly	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2.1	deg C		Monthly	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	6.8	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 4	mg/L		Weekly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	30 DAILY MX	mg/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	50	ug/L	3	Weekly	Grab
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Weekly	Grab
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	28	ug/L		Monthly	Grab
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Becky Shull		TELEPHONE		DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)424-3343		02/15/2022	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

A MAXIMUM TEMPERATURE LIMIT OF 9 DEGREE C APPLIES TO THE DISCHARGE DURING PERIODS OF SALMONID SPAWNING

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: ATLANTA GOLD CORPORATION OF AMERICA INC

ADDRESS: 2417 BANK DRIVE, SUITE 101  
BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC - ATLANTA C

LOCATION: 1.5 MILES SOUTH OF ATLANTA ON MINE HILL  
ROAD

ATTN: Wm. ERNEST SIMMONS, PRESIDENT

IDG910006

PERMIT NUMBER

001-A

DISCHARGE NUMBER

## MONITORING PERIOD

MM/DD/YYYY

01/01/2022

MM/DD/YYYY

01/31/2022

DMR Mailing ZIP CODE: 83705

MINOR

(SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTE

External Outfall

No ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	91	ug/L		Monthly	Grab
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	340	ug/L		Weekly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1000 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	40709	40709	gal/d	*****	*****	*****	*****		Continuous	Record (manual)
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Record (manual)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Becky Shull		TELEPHONE		DATE	
				(208)424-3343		02/15/2022	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

A MAXIMUM TEMPERATURE LIMIT OF 9 DEGREE C APPLIES TO THE DISCHARGE DURING PERIODS OF SALMONID SPAWNING